THE LANCET.

No. 181.] LONDON, SATURDAY, FEBRUARY 17. [1826-7.

MR. ABERNETHY'S

PHYSIOLOGICAL, PATHOLOGICAL, AND SURGICAL OBSERVATIONS;

DELIVERED IN THE

ANATOMICAL COURSE OF LECTURES,

At St. Bartholomew's Hospital.

On the Lungs, and Respiration.

You may open one lobule of the lungs, introduce a blow-pipe, blow into it, and fill the whole of the lobules of the lungs with air; there is, however, no communication between the air cells, and the interstitial or common connecting cellular tissue. The air you blow into one lobule, will pass on into another, and from that into another, until you have blown up the whole. You may do the same thing with an injection of quicksilver. It appears, therefore, that the air vessels terminate in cells, which are air tight. In blowing up the lungs this way, you never can fill also the interstitial substance. So, again, you may fill up the interstitial substance, or common connecting cellular tissue; but by doing that, you can never get the injection into the air cells at the same time. In short, the lungs are a sponge, with the air vessels leading into the sponge; and the parts of the sponge are conjoined with one another, but the conjoining substance has no connexion with the sponge itself.

I have represented these air tubes to be *mucous membrane*, and they are mucous membrane throughout; there is great secretion of mucus from them, as every body knows, for it is coughed up, and produces great irritation.

Irritability of the *air-cells*. With regard to their irritability, these air-vessels are primarily irritable; and the question is, whether these vessels which permeate the lungs are irritable or not? Now who can tell that? It is believed that all the mucous membranes of the body are irritable. I don't believe that any body can demonstrate an irritable mucous membrane in the urethra, and yet that part has been known to be of considerable irritability. Now it has been a question among surgeons and physiologists, as to the irritability of these vessels in the lungs; and you may ask my opinion upon the subject, or I may at once tell you, that I have no doubt of the air vessels of the lungs being irritable. What is to be our guide? Our senses are insufficient to inform us; why, then, observation of course must. Ordinarily, respiration may be said to be a mechanical process; we enlarge the capacity of the chest by the *intercostal muscles*, and the air is forced into the lungs: we diminish the chest, and the air is forced out of the lungs, just as if you were using a pair of bellows. Ordinarily respiration is carried on merely as a mechanical process; but, extraordinarily, do we not find manifestations that air cannot get into the lungs, though we do endeavour to enlarge the chest? You know you never could lift up the board of the bellows, if you were to stop up the holes that admit the air, and why? On account of the immense weight of the atmosphere. Just so, if you were to put a rope about a man's neck, and stop the air from entering into the *trachea*, it is not the strongest man that ever lived that could afterwards enlarge that man's chest; to do that, would be to lift up an immense load of air. A man having irritable lungs, may be sitting comfortably enough at the fire-side, but a little smoke comes into the room, and he can breathe no more: he gasps for breath, he cannot enlarge the chest, and he finds the utmost difficulty in respiring; but where's the difficulty? Where's the sensation of pain and contraction? Why, in the lungs themselves; the hindrance is there; I believe it is all irritability. And it is very curious to observe, where you find an irritable state of the lungs disposing to contraction, what slight things affect, what slight things bring on, and relieve, this asthmatic breathing: pure air generally relieves it. People who have asthmatic lungs in town, go about the streets with their shoulders hitched up to their ears, and using every auxiliary to enlarge their chest; and the

advice that is generally given is, why, take them into the country. I remember a neighbour of mine perfectly well, whom, upon my life, it was painful to see walk about the street, or breathe any impure air, for you would have thought it would have suffocated him. He had a house in the country; he used to get into his carriage in Bedford Row, to go to it, and as soon as he got to the end of Gray's Inn Lane, he drew in a mouthful of fresh air, and then breathed perfectly well. Now, *vice versâ*, there are people, who cannot live in the country, but who come up to London, and live very comfortably here: and I remember once being a little deceived by a case of this kind; it was the case of a man whose lungs were so asthmatical that he could never lay down in his bed at night, and really his case was so distressing that his physicians advised him to go the South of France, and winter there. He came to London, in his route to France, and, most whimsically, called on me. I told him, what I tell every body else, that the best thing he could do was, to take care of the state of his stomach. (*Laughter.*) The stomach and the lungs are supplied by the same nerves, and I shall boldly declare to you, that I believe the irritation of the lungs does proceed from the state of the digestive organs. (*Continued laughter.*) I told him thus, and that that was all I could say; if he chose he might attend to it. In about three weeks afterwards, he called on me again, and said, O, I have been living in London, I have been doing as you bade me, and I have not had the least difficulty in breathing since I saw you; and I begin to doubt whether I should go to the South of France at all; it is very inconvenient to me to go there; it is taking me away from my business, from the society of my friends; and what do you think? I said, I don't know what to think, nor do I know how you are to determine, except by going back to your own residence, and seeing how you are when you get there. He went back, and, *egad*, the very first night he got into bed in his own house, he was almost suffocated. Now, that man lived on the top of a high hill, where the air was of course fresh and pure.

I'll tell you of another case; it was that of a man who lived in a state which you would have supposed would have suffocated almost any body. His room was filled with sulphuric acid gas, and he found it relieved his difficulty of breathing in an amazing degree. I say that is whimsical; but all this leads to convince me, that there is a state of irritability in the lungs, and which proceeds from the state of the stomach too.

Now, I have done with what I may call the aerial structure of the lungs—the air-tubes, and air-cells; and I go on to the blood-vessels.

Bloodvessels.—Here are the ramifications of the great pulmonary artery supplying the lungs; but on injecting that artery we find certain discrepances between it and those of the other parts of the body; in others, we see them communicating with one another, but we do not see that in the pulmonary artery; the ramifications of this artery are distributed on the outside of the air cells of the lungs. The blood, as you know, returns to the left auricle of the heart by four pulmonary veins. With regard to the *bronchial* vessels, they unquestionably accompany the ramifications of the *bronchia* throughout the lungs, and are considered as the nutrient arteries of the lungs; but whether they are the sole nutrient arteries of the lungs, is matter of considerable doubt; when Ruysch first discovered these arteries, he naturally enough said, how could people be so absurd as to say—what, the arterious blood afford nutriment to the lungs! Is it not venous blood? Are there not the bronchial vessels of which I, Frederick Ruysch, am the discoverer? But it was said they were not large enough to afford nutriment to the lungs; he, however, said they were.—What creates the greatest doubt is, that you may inject the adhesions between the *pleura-pulmonalis* and the *pleura-costalis*, with subtile injection through the pulmonary artery; and these adhesions are formed by a gelatinous sort of matter. In short, I leave the matter in a state of uncertainty; but the argument that the blood of the pulmonary artery is unfit for nourishment, is, I think, not a very valid one, inasmuch as though it went for the venous blood, it became arterious blood in its branch through the lungs. Well, so much for the bronchial vessels.

Absorbents.—Now the lungs contain numberless absorbent vessels; these are deep-seated absorbents; they are very numerous, and they are not valvular. All these absorbents pass through a number of absorbent glands, which are seated about the primary ramifications of the bronchia. For a long time the nature of these glands was unknown; they were thought to be mucous glands for some time, but skilful injections have clearly proved that they are absorbent glands; the absorbents pass through them; and these are the bronchial absorbent glands, They have thin *capsules*, and when you cut them open they appear to be cellular, and you find a fluid in them that is black, and will soil any thing it touches. It is found that this black fluid is owing to *carbon*; and the question is, how it got there? Then it has been generally thought that it must be from the dirt of the atmosphere which we inhale. I know that there is a great deal of dirt gets into our lungs, we who live in this town at least; for those who are in the

habit of spitting in a morning, spit up stuff as black as soot, so that it must get into the lungs from the atmosphere, in London at least. But I observe that, in London, if I open a child, I find no carbon in these glands; it is red fluid I find in them. Now I don't see why a child's absorbents should not be as active as an adult's; and I find, that if I open an old man in the country (and many have I opened there), I find this carbon in their lungs, just the same as I find it in the lungs of those who live and die in London; therefore I am puzzled about it, and I cannot tell you any more respecting it than that we find this black dirty stuff in them.

Functions.—Now with regard to the functions of the lungs, I have very little to say indeed; but formerly, a great deal was to be said, and I may affirm, that one of the most beautiful theories that ever was erected by human ingenuity has been completely overthrown, and that there is none other erected in its stead.

Physiology.—In speaking of the physiology of the lungs, there are certain facts we have to advert to, and one is, the change wrought upon the air inspired. Now what we draw in by inspiration, we know very well contains 27 parts of pure air, oxygen gas; 72 of *azote*, and one or so of carbon. Then we know that what we expire abounds with carbonic acid gas, and that a certain portion of oxygen is taken away from it; this is the change wrought in the air we inspire. And what is the change wrought in the blood by respiration? That which went forth by the pulmonary artery purple—dark-purple blood, returns by the veins scarlet-coloured blood. Then it is believed now that the change is wrought principally by parting with the carbon. I cannot however believe, that that's the sole cause of the change, because it is such a striking difference. It is said, that the blood is carbonised by the action of the air in the lungs. Now be good enough to be aware that what takes place in the lungs takes place also in a bason. You bleed your patient, and let the blood cool; you find the crassamentum with a bright scarlet coat on the surface; turn the clot upside down; O, you see the bottom of a black purple; but wait a little, and that black purple will change to scarlet. Well, all this as it were by the exposition of the blood to air, through the medium of the serum. It seems to be a chemical change that takes place—an action or a re-action of a chemical nature which takes place upon the blood in consequence of an exposure to the air; and a certain degree of medium does not prevent this. Then it is said that the carbon goes off from the blood, and makes the carbonic acid gas. Now that may be; those who are believed to be the most accurate experimentalists affirm, that there is no more carbonic acid gas thrown out in expiration than can be made by the diminished quantity of the oxygen which has been drawn in in inspiration; that there is no more oxygen consumed than what is adequate to produce the exact quantity of carbonic acid gas that has been given out. This is the opinion of the best experimentalists, and therefore it is the general opinion of the profession with regard to that subject. Formerly it was supposed, that oxygen was taken into the blood, and that thus it obtained its carmine colour; but all now say it is not so. Those who suppose oxygen to be taken into the blood thought that the lungs were a source of animal heat, and that the oxygen meeting with the carbon in its round, the carbon united with it, and thus did they account for the oxygen in the body; but if you deny the ingress of oxygen, all this falls to the ground. Again, there seems to be another circumstance which gives a death blow to the theory of oxygen being imbibed into the blood, and these are the theories of Mr. Brodie. You know that circulation will be continued if respiration be continued, even though the brain has no influence upon the body.

Le Gallois took away the brain of an animal, and continuing respiration, circulation was continued; that is, he did not take away the base of the brain, but removing the upper part of the brain to the base, circulation was continued. But Mr. Brodie divided the *medulla spinalis*; he pithed an animal, and by that means, as I may say, killed it. Afterwards he kept up artificial respiration for three hours, and the blood circulated all that time, and it underwent the change from scarlet to purple successively; yet that animal cooled quicker than another animal cooled which was killed in the same manner, where no inflation of the lungs had taken place, so that inflation of the lungs cannot be the cause of animal heat. But still people cannot get the idea out of their heads, that there may be some source of animal heat here, but requiring the action of the nervous system to render it efficient; that there may be some change wrought in the blood, which, under the influence of the nervous system, may be productive of augmented temperature. But we will say that is opinion.

Now you know I profess myself to be a great admirer of John Hunter, and of all John Hunter's opinions; for I know not any man who ever considered the different subjects of physiology with the same depth of reflection, and with so unprejudiced a mind, as he did. Never do I hear Mr. Hunter say a thing but as an inference from facts; he had no opinion that was not an inference

from facts; he has given no opinion about the uses of the bile. What does he say of respiration? He says this; that it seems to impart life to the blood, which life becomes distributed to all parts of the body. What is the fact on which he grounds this opinion? Why, that if an animal did not respire, he would die; that's all. Well, life, some subtile principle, which he believed pervaded every part, and without which the body could not be supported. *Haller* came to the conclusion that this principle of life originates in, and is supported by, our food; now if Haller had gone a little further, he would have completely come up to my ideas; for I do believe that a principle of vitality is imparted to digested aliment, and that it is, as it were, resuscitated and kept up during life by respiration; that 's the notion I have of it. No animals will live without the exposure—without the ventilation, as I may call it, of the circulating fluids. You may drown a fish, by depriving water of all the pure air—boiling it, and depriving it of all the pure air; cork it up in a bottle, and cool it to the temperature that a fish would delight to live in; then immerse the fish, take up the gills, and you will see that the blood in the bronchia will become purple, and the fish will be drowned, but not quickly. Then it is as you please; you may account for respiration—for the use of respiration, by saying, that it decarbonates the blood, that it takes from it a principle which is noxious; or you may be inclined to believe, that some principle useful to the body is superadded at that time, but a principle that we cannot define. You may think as you please on this subject, you are welcome to do so; I have told you all I have to say respecting it.

Actions of the heart.—Now, with regard to the actions of the heart, Mr. Hunter says—for he made these experiments: he wrote upon the cause of death in drowned animals, and made numerous experiments; and Mr. Hunter says, that the chief dependance of the heart for its action is upon the lungs. He contrived a pair of bellows, by which he could continue a sort of artificial life in an animal; and he says, so long as I continued to blow with my bellows, so long was the life continued; but when I ceased blowing, the life seemed gradually to decline; when it had nearly ceased, resuming the operation by the bellows again, life seemed to renew, feebly indeed at first, but gradually increasing till it was brought up to its full action. Now that's John Hunter. There certainly must be considerable *sympathy* between the heart and the lungs. The eighth pair of nerves communicate branches to the heart, and there can be no doubt of this sympathy existing. Mr. Hunter could not find any case in which it was equally probable that a sympathy existed between the lungs and the heart; it seems to be difficult to meet with such a case, but that sympathy is reciprocal between these two organs, nobody can doubt. The old physiologists believed, when a man died suffocated, that he died because the blood could not pass from the right side of his heart to the left. Now a doctor who published in Edinburgh, and afterwards went to the West Indies, affirmed, that this was not a true view of the subject. I forget the name of the Doctor; I am very forgetful of names; but the way he took to show it was this: he put a cord round the windpipe of an animal, and stopped the ingress of air into the lungs; he then opened the chest of the animal, and he found that the blood did circulate through the lungs, though the windpipe was tied, and that the animal died with the left cavities of the heart full of the purple blood—blood that had not undergone the change by the reciprocal action that exists between blood and the air; and therefore, says he, now this is not the cause, but the cause is, because the purple blood is not a proper stimulus to the left side of the heart. Now I am inclined to think, that this gentleman omitted to notice the circumstance relative to the tenacity of irritability in the different parts of the heart, namely, that let an animal die when it will, the left cavities of the heart soonest lose their irritability. But *Bichat* has put all this in a clear point of view; he has shown that the animal dies from the circulation of purple blood, and that if purple blood is distributed to the brain, it is prejudicial to life. He injects purple blood into the pulmonary vein, and it immediately kills.—The true exposition is, then, that life cannot be supported without this pulmonary blood; the circulation of purple blood destroys life. But, then, persons getting this into their heads think, it is not necessary for the circulation of blood in the lungs: now, to me, it appears to be necessary. If I inspire, and hold my breath in, I can remain sometime easy; if I expire, and cease breathing, I immediately feel uncomfortable, and begin to look pale in the face. You may say—aye, but that's because your lungs contain less air. Now I observe, in that case, that the very veins of the forehead swell; and that seems to me to show, that there is an impediment produced to the circulation of the blood by expiration; and that inspiration produces a facility in the influx of blood through the lungs, I believe, will be generally admitted now. Inspiration creates a vacuum, or would create a vacuum, did not the air rush in to fill up the parts: it is an indraught to air; and the question is, whether it be not an indraught to blood also? Now observations have been made to this

effect repeatedly; but of late a *Dr. Barry* has made experiments, and suggested a theory of his own respecting respiration, but the main experiment is curious and interesting: he immerses a tube in fluid, and inserts the tube into the jugular vein; he then observes, that when the animal draws in a deep chest-full of air, the fluid is taken up from the tube—that there is an indraught to the blood, both in the larger veins leading to the heart, and in all probability in the vessels of the lungs, so as to facilitate the circulation. And also, if that is of use, we may infer that pressure is also of use in urging on the circulating blood. That there is pressure in inspiration, seems undoubted, from what we observe in the head: if a person is trephined, we see the arterial pulsation. There may also be a pressure on the venæ cavæ, in a way to impede the ready return of blood, or to propel it in a degree into the jugular vein, for we see it very much distended.

Well, then, this pressure equally acts on the veins before they arrive at the heart, and upon the pulmonary arteries too; therefore I think it extremely probable, that inspiration does facilitate the progress of the blood through the lungs, and that deep inspiration does relieve the head. *Dr. Wollaston*, who is a very thinking man, has proposed, as an account of one good derived by sighing, that it relieves the vessels of the brain; we make a very great indraught of air, and as a good effected by it, the vessels of the brain are relieved. But, then, when done, you see how uncertain we are of all these matters.

Again, I should beg of you not to think of the lungs simply as effecting the changes which I have been alluding to; they produce many other good effects. There is agitation in the abdominal viscera, you know, which seems also to contribute to the circulation of blood in these organs. But what complicated uses do the lungs serve? Is it not by the indraught of air, that we draw in our first food by suction? Is it not by a kind of suction, at the back of the mouth, that we swallow? Is it not by the air passing up through the nose that we possess the sense of smelling? Is it not by the means of air, that we possess the voice? Those animals who have no respiratory powers, are very much put to it to communicate their feelings to one another: the *fly* makes a sort of dramming noise with its wings; the *crickets*, they make a sort of chirping noise. And they say the *death watch*, which produces so much alarm to many persons, is but an annunciation of the *amorous* propensities of a kind of *beetle*, which strikes against the table. (*Laughter.*) Well, then, there are many purposes served by the powers of respiration.

EXTRACT

FROM

MR. LAWRENCE'S

INTRODUCTORY LECTURE

TO THE

SPRING COURSE OF SURGERY,

At the New Theatre, Aldersgate-street.

Mr. Lawrence began by observing, that Mr. Wardrop and himself used the word surgery in its common acceptation, considering it to include, 1. Injuries of all kinds; 2. The greatest part of external and local complaints; 3. Such internal complaints as appear externally, causing swelling, change of figure, or colour, &c.; 4. All cases requiring external topical treatment, operations, and manual proceedings of all kinds. Such is the catalogue of subjects embraced in the writings of Mr. Samuel Cooper, in Richter's Elements of Surgery and the Treatises on Surgical Diseases of Boyer and Delpech. The work of the latter bears a title, which shows that the same uncertainty exists on the continent as in this country, in regard to the precise extent of surgery; it is called "Traité des Maladies *reputées* Chirurgicales."

The Lecturer continued: It must be confessed, that the boundary just indicated is obscure and uncertain; hence, as in the case of contiguous governments, with undefined possessions, disputes have arisen respecting the right to certain portions of territory. Injuries, operations, external local complaints, and manual proceedings, are undisputed possessions of surgery. But external and internal diseases cannot be clearly divided; here physic and surgery join; the former has occupied some of the external, while surgery lays claim to a part of the internal.

A person beginning to study disease, will have his attention excited by finding, on the one hand, that the cure of the injuries and diseases of the human frame is divided between two classes of persons, physicians and surgeons, that these are taught in distinct courses of lectures, and treated in different books, and that the education and training are so different, that two Colleges have been established, one for medicine, the other for surgery; while, on the other side, with the exception of a few places, the whole of medicine and surgery is practised by one set of persons, the surgeons and apothecaries, or general practitioners.

Viewing these apparent contradictions, he naturally inquires in what the distinction between physic and surgery consists. Whether in the nature of the diseases allotted to each, or in the mode of treatment? Whether there is any difference in the mode of learning the two? How and when the distinction arose? Whether it is well founded? Whether it tends to the advantage of the public, or merely to the benefit of physicians and surgeons?

Nothing like the modern distinction was made by the ancients; there is no trace of it in the Greek, Roman, or Arabian writers. Certain branches of practice were followed separately in Egypt, where there were persons who took care of the eyes, or of the teeth, even of some internal diseases; and similar distinctions in practice existed in Rome: but Hippocrates, Celsus, Galen, and others, treat indifferently of the nature and management of fevers, injuries, internal and external disorders. In adverting to treatment, Celsus divides it into three heads, the same which we still adopt, and mentions these under their Greek names, viz. διαιτητικη (diet, &c.), φαρμακευτικη (remedies), χειρουργικη (chirurgical, or manual proceedings). But the notion of splitting medicine into two parts, and of teaching them differently, never seems to have been entertained by this elegant and philosophic writer, nor by those other founders and great promoters of medical science and practice, whose names and works are still regarded with respect and deference.

In the long night of barbarism and ignorance which intervened between the downfall of the Roman empire and the revival of learning in the west of Europe, literature and knowledge were confined to the Priests and Monks, whose stock was scanty enough. They embraced, with the rest, medicine. The council of Tours held in 1163, prohibited them from shedding blood, and thus they were obliged to desist from bleeding, tooth-drawing, and all curative proceedings that involved loss of blood. Thus Surgery, which then consisted of the fewest and rudest processes, was taken up by barbers, attendants on baths, itinerants, and mountebanks. The separation of surgery, or one branch of treatment, from that medical knowledge which is the indispensable guide to the time and mode of its application; and its association with the art of the barber, long outlived the circumstances which produced it. In England, it lasted till the middle of last century, when the company of barber-surgeons was legally extinguished. The union still exists in many parts of Europe.

Their ecclesiastical profession not only compelled the priest-physicians to abstain from shedding blood, but obliged them to neglect other parts of medicine. Guy de Chauliac, the physician and chamberlain of Pope Urban V., in his Chirurgia Magna, written at Avignon in 1363, makes no mention of female complaints, as his profession forbade the necessary approach to the sex.

The rank of surgeons and physicians was at this time very different, though in point of real knowledge, and capability of rendering useful service, they were nearly on a par. The physicians depended entirely on the writings of their predecessors, especially those of Galen; whose authority in medicine was as implicitly received as that of Aristotle in philosophy. They were occupied in reading, expounding, and commenting on the works of Galen; and hence were obliged to study the learned languages, and belonged to the Universities. They who exercised surgery were men of the lowest kind, without any pretensions to science or literature. Yet the barber-surgeons, though jealously kept under by their masters the physicians, were led by their peculiar employments in performing the minor operations, dressing wounds, and taking care of accidents, to perceive the importance of anatomical knowledge. They began to study this essential foundation of all medical science, and thus acquired a description of knowledge which, by enabling them to render more important services, added to their respectability. Mr. Lawrence here alluded to the character and services of Ambrose Paré, who calls himself barber-surgeon, and who was confessedly illiterate; yet his writings are still read with instruction and interest, while those of the learned physicians, his contemporaries and opponents, have been long forgotten. The acquisition of a little knowledge leads to the desire of more; thus, by the continued study of anatomy and physiology, and the scientific principles hence derived, surgery has been freed from its long degrading alliance with the barbers, has effaced the stain of its ignoble origin, and gained an equality with physic in public estimation, if not in the ordinances of the Herald's College.

In order to judge whether there is any well-grounded distinction between physic and surgery, it would be necessary to advert to the nature of medical science and practice generally. The Lecturer here proceeded to point out particularly the branches of knowledge on which the practice of medicine is founded; viz. anatomy, physiology, pathology, and therapeutics; and adverted to the idle question, whether medicine is a science or art; and the absurd distinction that medicine is science, and surgery art.

The question, he continued, as to the real distinction between physic and surgery comes to this: In the general mass of

knowledge just described, can you find out a portion insulated from the rest; a portion which is not connected with other parts, and which can be understood without a knowledge of them? Or, can you separate this mass of knowledge into two independent halves? Certainly not. The entire structure and functions are universally and intimately connected: no part and no function can be thoroughly understood by itself. There is one source of nutrition, one centre of circulation, and of nervous energy, for the whole body; and there are the further connexions between almost all parts of the body, called sympathies. Hence the various parts, although each exercising its own peculiar office, are not independent or self-subsistent. The causes of natural functions, and of those deviations which constitute disease, are not to be found in the part itself, but generally in the state of other associated parts and functions, and often of comparatively distant ones, and the means of cure are seldom to be applied to the very part diseased. These points were illustrated by reference to gouty inflammation of the toe, produced by causes acting on the stomach,—to paralysis of a finger from affection of the brain,—to disorder of the head influencing the whole body in idiopathic fever, and to febrile disturbance of the whole economy, caused by local injury or disease.

The Lecturer observed further, that although individual organs are numerous, the elements of organic structure are comparatively few. The various proportions in which they are combined make the differences, as the various combinations of a few letters make the infinite variety of words. The basis of nearly all parts is made up of the cellular, vascular, and nervous structures. Hence pathological principles are general, and, consequently, treatment must be similar throughout. When you have arranged all diseases in any form that you please, if you strike a line through, so as to divide the mass into two halves, you may give them different names, but, in essential nature, they will be exactly like each other; the causes, the origin, course and treatment of the affections, included in each division, will be the same; and this will hold true in whatever direction you may carry the division. If you must have a distinction of two parts, separate the diseases of the right and left side, or of the upper and lower half; this will at least be clear and intelligible!

If the anatomy and physiology of the several parts be similar, if the pathology be the same, if the treatment present no difference, the question as to the mode of learning physic and surgery is answered. There can be only one proper course of proceeding, though there may be various wrong ones. Mankind do not usually take the trouble of thinking for themselves; they are averse to new modes, and prefer adhering to ancient usages. In this country, there has been almost as great a difference between the education of surgeons and physicians, as between that of persons following occupations totally dissimilar. From the age of sixteen, surgeons have usually employed themselves for six or more years with pharmacy, with the actual study of anatomy and disease, and the practical application of the simpler parts of medical and surgical treatment, gradually advancing to the more complete exercise of the whole art. By a considerable body of English physicians, the corresponding most important years of life are usually occupied, for the greatest part, in academic studies; so that professional pursuits hardly begin until after the time when the tastes and habits have been formed, and probably directed, in great measure, to other objects. These two modes of proceeding are very different, and cannot both be right.

By those, who are induced to uphold the existing distinction of physic and surgery, various views have been taken of it. Frequently, it has been made to rest on the difference of internal and external disease. Unfortunately for this notion, Nature has connected the outside and inside so closely, that we cannot say where one ends, and the other begins. She has decreed that both shall obey the same pathological laws, and she has subjected them to such powerful mutual influences, that we cannot stir a step in investigating the diseases of either, without reference to the other. The continuity between the outside and inside, at the entrance of the various mucous membranes, presents a series of puzzling cases. How far is the surgeon to be trusted? He is allowed to take care of the mouth; where is he to stop? At the entrance of the fauces—in the pharynx—in the œsophagus—or in the stomach? May he meddle with the larynx, or have anything to do with the trachea? Polypus nasi and ozœna are entrusted to him, but he must not treat catarrh: although inflammation and increased discharge from the whole urethra, and even from the bladder, with all diseases of the prostate are surrendered to him; the anus, with its abscesses, fistulæ, piles, and excrescences; and the rectum, with its strictures and other affections, belong to him; but he must not ascend beyond the brim of the pelvis. When we look to the nature, causes, and treatment of diseases, the distinction between internal and external appears pre-eminently absurd. Internal causes produce external diseases, and external agencies affect inward parts. Erysipelas, carbuncle, gout, œdema, exemplify the

former; pneumonia, catarrh, and many forms of rheumatism, the latter.

The eyes are entrusted to the surgeon as external parts. Yet the organ is the most complicated in the body, and many of its parts are highly organised, so that its affections are very much diversified, and require a greater insight into pathology and therapeutics, than those of any other single part. The eye, with its appendages, not only contains mucous, serous, and fibrous membranes, muscular nervous and glandular parts, but also several peculiar tissues. It not only exhibits the various affections of these produced by common disease, but it suffers from gout and rheumatism, from small-pox, measles, scarlatina and chronic cutaneous eruptions; from scrofula and syphilis, cancer, fungus hæmatodes, and melanosis.

Mr. Lawrence proceeded to point out that the distinction between local and general diseases is untenable; or, at all events, that nearly the whole nosology would fall under the first head.

Relying on the original nature and extent of the duties called surgical, some think that the surgeon should be confined to the cases requiring operations or other manual aid. Mr. Lawrence pointed out that this, which is a varying circumstance in particular diseases, would not be a sufficient ground of distinction; while it would leave in ambiguity the large class of diseases that require both chirurgical and internal means.

It has even been proposed, that surgeons should confine themselves to the actual performance of operations, the application of dressings, and similar duties. Were surgery restricted to this mechanical department, I should feel degraded in belonging to it, and very little inclined to teach such an art. Scientific principles would be unnecessary; it would be superfluous to study anatomy, physiology, pathology, and therapeutics: we might well resign to the barbers the contemptible remnant to which our profession would then be reduced.

In considering this subject, we naturally revert to the restrictions originally imposed by the physicians on their servants the barbers, and the long series of disputes which ensued between them. Surgeons have completely emancipated themselves from this degrading bondage: they have cultivated with the greatest ardour and success the scientific foundations of their art. They can adduce the rapid progress of surgery since the middle of the last century, and its present undiminished rate of progression, in proof that their claims on the approbation, support and confidence of the public, are not inferior to those of any other branch of the medical profession. They can point out in their modern annals the names of many who have been the largest contributors to the advancement of medical science;—of Cheselden, Sharp, Pott, and John Hunter; of J. L. Petit, and the other members of the French Academy of Surgery; of Desault, Bichat, Boyer, Dupuytren; of Richter, Beer, and Scarpa. Yet the pretension of thus restricting surgeons seems not quite abandoned: the recent fatal illness of an illustrious personage seems to have revived a little of the ancient jealousy. A statement obviously proceeding from authority, has been inserted in most of the public journals, in which it is plainly inculcated that the province of surgeons is to "administer to external ailments;" and that their duties include the important negative one, of "prescribing no internal remedy whatever." This attempt is too late by a century or two: it is only worthy of the era of barber-surgery, and Galenical medicine. In those serious cases in which external injury or disease is connected with internal more or less general symptoms,—as in compound fracture with fever, in injuries of the head with affections of the nervous system and fever, in erysipelas supervening on local injury or disease, in strangulated hernia;—it is the obvious interest of the patient to be under the care of one, who thoroughly understands the case in all its bearings. It matters not to him whether the person thus capable of rendering him service belongs to one fraternity or another, to this college or to that, or even if he should be of no college at all. The surgeon who understands only the local, and the physician who only knows the general treatment of such a case, are, each of them, only half informed; and the two together deserve much less reliance than one who is conversant with the whole. The mere local means in such cases are often of little importance, while the general management is every thing; so that a surgeon, ignorant of the latter, is incompetent to the practice of his profession.

The mere performance of operations is often the least important part of the surgeon's duty, even in cases requiring them. To judge whether the complaint is curable by other means, to perceive when operation is advisable or necessary, to prepare the patient for it, and to manage the case properly after it has been performed, are points of equal and often superior importance. It is a great mistake to suppose that any surgeon is principally employed in operating. The number of operations has been greatly diminished of late years; I think that twenty-five years ago there were three times the present number performed an-

nually at St. Bartholomew's Hospital. The difference has arisen from improved knowledge of the nature and treatment of diseases acquired by the anatomical, pathological, and practical researches of surgeons.

Thus, whatever course we take, we arrive at the same conclusion; viz. that there is no natural distinction between physic and surgery; that they are merely parts of one science and art; that the scientific principles are the same, and the same means must be used both by the physician and surgeon, because they have the same ends to accomplish.

The distinction of physic and surgery appears then, at last, to be quite arbitrary, to be dependent upon and regulated by usage; founded on no fixed principles, and therefore fluctuating like all matters of custom.

These remarks apply only to the study of the medical profession, which must be learned as a whole. The various parts elucidate each other so materially, that he who confines his investigations to one department cannot understand even that thoroughly. I do not contend that every one should practise all parts; and I am fully aware that the field is far too extensive for one individual to cultivate the whole minutely with a view to further improvement. No doubt that one, who has received a general medical education, may improve a particular department, if he should have his time fully occupied with it; and that circumstances of taste, convenience, situation, and public opinion, may thus lead to subdivisions in practice with advantage to the public and benefit to science. This point, however, must be left to the free choice of individual practitioners and patients.

The great mass of the population in this kingdom is attended by general practitioners; such is the case in the army and navy, and with the middling and lower classes. No dispute arises about these; but the tender anxieties of those, who labour to keep up established distinctions, are reserved for the metropolis and a few large towns; that is, for those rich people who can afford to remunerate their professional attendants handsomely. A French minister seems to have judged pretty correctly of the matter. The propriety of separating physic and surgery was strongly represented to him: "I would elevate," said the advocate of the measure, "a wall of brass between them." "Pray, sir," rejoined the minister, "on which side of your wall do you propose to place the patients." The public can take no interest in such a controversy, if its absurdity does not amuse them; unless, indeed, its result should tend to abridge them of one power, which should not be infringed without some very urgent reason,—that of entrusting their limbs and lives to those whose talents and knowledge they hold in the greatest respect, whatever may be the designation under which they practise, or the fraternity to which they belong.

I cannot quit this subject without impressing on you most earnestly the advantages, nay, the necessity of studying medicine comprehensively. Every particle of information that you can collect will be found useful. I meet with none better acquainted with disease and its treatment than those who, after a good education, enjoy large opportunities of observation, as general practitioners. Surgeons in the army and navy have, in many cases, the same kind of advantage. From these two classes many individuals might be selected very well qualified to act in the conjoint capacity of surgeon and physician.

The nature and objects of medical education will be obvious from the foregoing remarks. Get as much knowledge as possible of anatomy, physiology, pathology, and therapeutics, and closely study the practice of medicine and surgery.

The necessity of anatomical knowledge as the basis of all medical studies, and its importance to surgeons, more particularly, are points now generally recognised. Not to speak of anatomy as the necessary foundation and criterion of all medical doctrines, it is most essential in the peculiar domain of the surgeon, to enable him to distinguish in doubtful cases the exact seat of disease; to understand the nature and extent of injury in fractures, dislocations, wounds of vessels, and other soft parts, and to guide his proceedings in all operations. If you ask how much knowledge of anatomy is necessary, the answer is, as much as you can get. You, I trust, will not attempt to calculate how small a stock of scientific knowledge will enable you to carry on the trade of surgery. Your more honourable aim will be to render yourselves accurate anatomists. The more exalted the point to which you direct your efforts, the higher will you ascend. *Altius ibunt, qui ad summa nituntur.*

The Lecturer proceeded to make some observations on the study of physiology, pathology, and therapeutics, and strongly enforced the advantages of clinical study in hospitals, comparing the exhibition of medical and surgical facts in actual cases to the mode of teaching anatomy by demonstrations. He observed, that such expositions might be called medical and surgical demonstrations. He spoke of lectures and books as important auxiliaries, considering the actual observation of disease as the matter

of primary consequence, and leading to the clearest and most satisfactory knowledge. He recommended his audience to embrace in their studies the whole range of medical science; to begin with surgery, as affording the best pathological and therapeutic evidence, and then to proceed to medicine, in which the only clear light is derived from the observation of disease and treatment in the cases called surgical. This comprehensive study is obviously necessary to general practitioners; but it is equally so to those who mean to be surgeons only. They must apply in their own department the principles and modes of relief deduced from a survey of medicine generally. The term pure surgeon, as intended to denote one who knows nothing more than surgery in its strict sense, has justly become an object of ridicule. An eminent surgeon, who has the thorough acquaintance with anatomy, physiology, and the general principles of medical science, necessary to such a character, will be constantly consulted in all kind of circumstances, and more especially in cases of obscurity, difficulty, and emergency. If he says that he has not studied this, that he knows nothing of that, that he cannot direct the treatment of a case under such and such occurrences, what can he expect but to forfeit the confidence of those to whom his ignorance becomes thus exposed, and in whose estimation he must hereafter be contented to rank below a general practitioner.

The Lecturer proceeded to observe, that these truths were now fully recognised and acted on in France, Germany, and the United States, in all of which there is one and the same course of education for physicians and surgeons—one examination for both, and full liberty for each individual to practise whatever department may suit his inclination or advantage.

Mr. Lawrence entered on some short historical details; and concluded by speaking in strong commendation of the zeal and activity displayed by several young physicians and surgeons in France, and of the great advantages which the student possesses in that country in prosecuting all branches of his professional education. He had on the table, and recommended to the attention of the class, the fourteen first numbers of Cloquet's Manuel d'Anatomie, observing, that the execution of the plates corresponded hitherto with the high expectations founded on the first specimen; also, Blandin's Traité d'Anatomie Topographique, with most beautiful lithographic engravings; and Rayer's Traité des Maladies de la Peau, with coloured figures representing the various affections with great fidelity.

SKETCHES

OF THE

SURGICAL PROFESSION IN IRELAND.

No. XVI.

MR. WILMOT.

I REGRET the necessity of having to approach the subject of this paper through the portals of a tomb which claims no passing tribute of public approbation; and should, consequently, prefer any other course to one in which silence might be considered disrespect to the dead, if the plumes of the hearse did not point to an important moral on the way. It would seem to be with scientific bodies as with empires, the death of an individual often discloses their weakness or their strength, either of which will be manifested in proportion as folly or wisdom predominates in their respective constitutions. In a well regulated state, where competition exercises its salutary influence, and promotion is the unerring reward of desert, the inconvenience experienced by the fall of official personages is of short duration; the nursery which produced them, in all probability, will soon supply their place; and the last accents of sorrow which mingle over their grave, may be the prelude to the orison of gratulation with which some worthy successor is hailed to their seat. In communities, on the contrary, whose vitiated ordinances have paralysed emulation, where the sunshine of patronage is dispensed through the chilling medium of monopoly, there is some danger that the dwindled and degenerate crop of intellect, reared in such an atmosphere, may ultimately produce a famine of worth. A pertinent illustration of this kind occurred in the Royal College of Surgeons in Ireland, at the demise of the late Mr. Todd. The system which had chosen him for its centre had so vastly improved in those tactics, to which his own elevation was attributable during his short dictatorship, that it was with great difficulty his surviving adherents could procure an inheritor of his principles, with a sufficiency of other requisites, to fill the anatomical throne of York Street. Exertion had been so completely neutralised, and the ambition of the profession so successfully prostrated during his administration, that not a voice was heard to contend the highest honours to which genius could aspire. Mr. Car-

michael contemplating, at the time, the founding of a new academy at the Richmond, and naturally imagining it more dignified and independent to lead in an orchestra of his own, than to play second fiddle to Mr. Colles in the theatre of Stephen's Green, very properly declined a canvass which his odious liberality, had he made the attempt, would have rendered a measure of more than doubtful success. Mr. Crampton, on the other hand, preferring the hunter's horn to the trump of fame, the clatter of the chase to the clink of boot-heels, and the saddle to the professor's chair, looked down from his elevation with contempt on the drudgery of didactic philosophy, and determined that the remainder of his life should be *legibus solutum*, free as the air of his favourite mountains. Mr. Kirby, on whom the eyes of the public were next turned, prudently withstood their challenging gaze without entering the lists, supposing that his laurels might wither if transplanted into a foreign soil; besides that, he had been meditating for some time the enjoyment of the *otium cum dignitate*, and the gout, in one of the shady glens of Wicklow, and had just turned over a new leaf in the book of "Genesis," in the cultivation of which, it is to be hoped, he has made some progress. Mr. Harrison alone performing the part of the fox in the fable, threw a longing look on the vacant chair; but the "grapes were sour," and facile as circumstances now made the capture of the prize, it was still immeasurably beyond the reach of his pigmy grasp. He alone destined not to succeed, pined in secret for the degraded office, unless report for once spoke the truth, and that Messrs. Porter and Auchinleck entertained some notion of becoming candidates; but the story must have been intended as a sarcasm on the better sense of this *par nobile fratrum* in science and politics. In this general slumber of the passions, or hybernation of Irish intellect, as if frozen into repose by the cold and heartless influence of College institutes, the sound of the die, which turned up a new professor in the cabinet, at length awoke the multitude, and rubbing their eyes with astonishment, beheld Fortune, as if to give another instance of the fickle dispensation of her favours, stickly lowering the diadem on the brows of Mr. Samuel Wilmot, a gentleman of great private worth, much practical knowledge, but whose fame had not yet transcended the bounds of the Circular Road, except, perhaps, in the direction of Stevens' Hospital. Though residing in Dublin, and arrived beyond the middle term of life, his character had never been impressed by the stamp of publicity. His name was quite unconnected with books, extraordinary operations, and every other badge of distinction, by which the modern harlequins of the profession may be recognised in the crowd. Nothing could be more unexpected, than that a man of his retiring habits and extreme modesty, should have conceived an idea of abdicating the comfortable sovereignty of his Swiss car, for the laborious avocations of the lecture room;—of talking for an hour without intermission, whose powers of speech had previously been seldom extended beyond the Parliamentary standard of eloquence in saying "Yes" or "No," in a case of consultation. It was, therefore, with considerable surprise that it was heard a few years back, that he had embarked his taciturnity and his purse in a speculation of teaching in conjunction with Messrs. Cusack and Jacob, at the Park-street Academy. Where the lectures were to proceed from, or how they were to be elaborated by so unpromising a machine, were questions more readily asked than answered; for it was almost impossible to imagine how the more delicate processes of cogitation could be conducted within a cranium compressed by so much adipose substance; or how fingers, in such a state of obesity, could brook the fatigue of leading the pen through its wearisome evolutions. In doubt, like many others, of the compatibility of intellectual vigour with corpulence, I confess I felt anxious in the result of the experiment which was about to be tried, and accordingly hastened to the scene of action, with a fervent hope of witnessing another instance added to those of Johnson and Gibbon, of the triumph of the spirit over the flesh, a phenomenon exclusively evinced amongst the dignitaries of the church. In a short time the object of my curiosity entered, his lower extremities moving in melancholy cadence of a minuet, his arms hanging in lethargic perpendicularity from his shoulders, and his head as motionless on the trunk, as the apex of Sugarloaf mountain on its adamantine base. Not a muscle seemed to indicate vitality, or a feature to feel the mental impulse through their dense investment of fat, which was rendered still more conspicuous, by being squeezed into a shapeless rotundity by a sort of military undress, giving to the wearer the appearance of one of those half-pay lieutenants of fifty, whom rest and good quarters have pampered into a caricature on the heroic proportions of the hour-glass waist of our modern "men of war." Without any great stretch of fancy, you might suppose him to have come to perform the part of a somnambulist, and almost suppress your respiration, lest it might disturb his helpless tendency to sleep. With the exception of the eye, which has that cast of suspicious timidity, of fearful vigilance peculiar to hypochondriacs, none other of the senses manifested any signs of expergifaction.

At length, however, he did commence, but with such an infantile delicacy of voice; and faultering utterance, that one look exhausted your whole stock of commiseration. The exhibition instantly excited that painful species of sympathy which humanity feels for its kindred in cases of embarrassment, and you are half inclined to be angry with the temerity of an attempt to wield the passions, or command the attention of an audience, by such inadequate means. But his passive humility and look of imploration completely disarm your critical hostility, and you would as soon snatch a reed from a drowning man as entertain a harsh thought against him; and I should wish myself, that truth might for once be compromised in description, for the sake of feeling. At first you would suppose that his discourse was the product of extemporaneous inspiration—the efforts of a mind rich in the recollections of reading and observation, but unable to manage its own wealth—to reduce the chaos of facts, arguments, and theories with which it laboured into shape. In the course of a few minutes you will discover your mistake, and perceive that the speaker has not only reflected most profoundly on his subject, but that, with every appearance to the contrary, he has really distilled his meditations through the pen, though he left the receiver of the product at home, trusting to his memory to give some idea of its qualities. The endeavour to recover the sentential arrangement of the composition only adds to his confusion, out of which it has been said he was not unfrequently helped by one of the pupils turning prompter on the occasion. The practice, if generally introduced into our theatres, would certainly be a great improvement, and might be justified by the high precedent of the Roman Forum, when a *tibicen*, I believe, or flute-player, by the modulation of his instrument, always kept the orator in tune. Much time would thus be saved from consulting slips of paper, many unseemly pauses prevented, and a signal act of mercy rendered to the English language, which suffers such serious mutilations in the hands of maiden lecturers. From the fitful manner in which Mr. Wilmot's discourses were delivered, it was difficult to fix the value of the matter; but it may probably be fairly set down of average quality. In those specimens in which I heard him on unsettled points of surgery, his views did not seem to have transcended the known boundaries of the question—not to have penetrated farther than his predecessors, the *terra incognita* of the dispute—to have remained, in short, satisfied with a mere negative or affirmative adjudication of the difference at issue. Of the routine information on any given subject, and the capability of its application in practice, he appeared sufficiently possessed; but to the spirit of pathological enterprise, to that philosophical discontent excited by the inadequateness of therapeutic agency to the exigencies of disease, he seemed a total stranger.

In the other department of his duties as professor, it is not surprising that a man, not much in the habit of dissection, should be guilty of anonymous anatomy in his lectures upon that subject, and he might now and then be heard descanting very learnedly on "this artery which accompanies that nerve over the muscles which you see here," &c., from which descriptions much knowledge may of course be derived. In one of the requisites of a teacher, and not one of the least important, the power of communicating his ideas and of vividly impressing them on the minds of an audience, he is obviously defective; his other qualifications may be tolerated, but can never command admiration. When we contrast the place with the performance, the office with the man, the disproportion is too obvious to escape the notice of the most superficial observer. The private whom we admire in the ranks, if elevated to a command would sink rather than rise in our estimation from the apparent discrepancy between his fitness and the responsibility of his new commission. It is therefore in the capacity of lecturer to a national establishment, as the representative of the present, and the instructor of the future surgeons of Ireland, that Mr. Wilmot fails of giving satisfaction, and not as a private practitioner or hospital surgeon, for in either of these characters he has perhaps no superior in Dublin. This distinction may be the more necessary on the present occasion, as observations of a similar import made upon other individuals have been ingeniously tortured into constructions which were never dreamed of by the writer. Without the slightest reference, therefore, to the merits of this gentleman, the writer must persevere in thinking that it is an inauspicious omen to see the highest offices filled, the most confidential stewardships disposed of in the recipublic (?) of science without a concussion of intellect—a collision of the faculties by which the lightnings of genius might be elicited from its oftentimes clouded abode. Such, however, must ever be the case in all societies whose laws discourage competition, by placing the fate of merit in the power of a few, for it need scarcely be observed, that a scheme of favouritism may be more readily perpetrated by a dozen than by twice that number, and so on in proportion. Under such circumstances, few will take the trouble to contend for superiority where merit is at the mercy of a junto, where selection

means congeniality of principles; and judgment is but another name for elective predestination. The evil does not terminate here, (though the disadvantage of inefficient teachers is sufficiently great,) it extends its malignant influence throughout the whole body—represses the energy of the pupil as well as of his master—and thus contaminates the professional embryo in his first moments of scientific existence:

"For who would virtue of herself regard,
Or wed without the portion of reward?"

Where there is no object there can be no preparation, no more than there can be imitation without a model; for human nature can rationally aim only at what is attainable by human means. Whatever is placed beyond its reach by a contingency over which it can exercise no control, excites no expectation, and of course the means of securing success are neglected, to the manifest injury of the public and the advancement of the science. It may, therefore, be of greater importance than the acts of the York-street legislators would as yet evince, that those prizes in the lottery of life, though few, should be generally understood as the invariable bounty of excellence; that all obstacles to ambition, which are but too numerous without the adventitious aid of cabal, should, as much as possible, be diminished, and that the humblest may hope to obtain the reward, if his strength carries him to the goal; as it is only by extending the circle of competition, procuring the highest standards of instruction and example, and scrupulously dispensing patronage, that science can be diffused, emulation excited, the profession raised to its destined elevation, and when lecturers are removed from their mortal toils and wept for their virtues, that worthy successors may be found amongst the living; as the rose, plucked at eve from the healthy stem, will be followed by another, as fresh and fragrant, ere the returning sun go down.

ERINENSIS.

Dublin, Jan. 14, 1827.

THE ART OF ADVANCING BACKWARDS; OR, REFORM OF THE SCOTCH UNIVERSITIES.

To the Editor of THE LANCET.

SIR,—I learn that the Royal Commission for visiting the Scotch Universities, sitting in modern Athens, are playing the very devil, and are such adepts in the art of advancing backwards, that they bid fair, in their retrograde course, speedily to re-enter the enviable darkness of the monkish ages. With the medical department they seem determined to meddle the most, probably because they know it the least. In attending to the numerous and urgent demands of these left-handed reformers, the time of the professors, and especially those of the healing art, is almost wholly occupied. After having examined all the professors, and such other persons on the spot from whom they expect to get information, it is understood that the Royal Commissioners intend to call upon the learned public at large, for views and suggestions as to the means of *increasing the value* of degrees in all the departments of the Scotch Universities (i.e. of rendering them as costly as those of Oxford and Cambridge), and for the mode of *improving* (i.e. lengthening) education for each. If, with respect to medical education, their opinions were to be considered as laws, or their decisions as final, it would be unfortunate indeed, since there is not an individual among the whole set who is at all acquainted with the medical profession, or with the qualifications of the various classes composing it. They consist principally of legislators and lawyers, educated in the English Universities, interspersed with a few divines bred in those of Scotland. Their composition, even for general purposes, would be extremely faulty, if such a commission were not in its very nature objectionable; but for the consideration of matters connected with medicine, they must be deemed to be incompetent in the highest degree, an incompetency indeed which has been already fully evinced; for if the views which appear to be at present entertained should prevail, the effect will be to favour the Universities of one part of the United Kingdom at the expense of those of another. There will be an end of Scotch degrees in medicine; they will be inaccessible to Englishmen and Irishmen, and indeed to all who cannot afford to reside *eight years*—a great part of the life of a man—within the precincts of a University; and, in such a case, those Universities in which anatomical, medical, and surgical instruction is on the smallest scale, would, as they are suffered to assume peculiar privileges, be preferred. The scanty outlines or rudiments of medical education, which would be thus supplied in a period of eight years, might, it is true, fit the graduates of those favoured seminaries for being fellows of the London College of Physicians, but would by no means fit them for the skilful practice of physic or surgery.

The Royal Commission to visit the Universities of Scotland was the result of a petition from the University of Edinburgh for a royal visitation, to determine and fix the relative rights of the honourable patrons and the *Senatus Academicus*. Some circum-

stances connected with the other Scotch Universities having also been brought under the notice of his Majesty's Ministers, a Commission was issued with very large powers of inquiry, and to report before the 1st of January 1828. I am much mistaken if the University of Edinburgh have not discovered by this time that they have caught a tartar. Every professor of that University has been already examined at great length by the Commissioners, and different individuals have published pamphlets and articles in newspapers endeavouring to bias their judgment. Many persons also, not belonging to the University, chiefly surgeons, have been examined by them. With the exception of the medical professors, the prejudice that a doctor of physic should be learned in philology and philosophy has been the general opinion impressed upon the Commissioners. The inevitable consequence of acting upon it would be, that the number of physicians, already much too small, would be further limited, and almost entirely restricted to those whose parents reside in the seat of an university.

It has, in pursuance of these notions, been proposed that all the Scotch Universities should be rendered equal and uniform, both in the requisites for obtaining a degree and in the mode of teaching the profession, *not* by assimilating Aberdeen and St. Andrew's to Edinburgh and Glasgow, *but* by adding to the practical requisites deemed essential in the latter, the philological and philosophical attainments now required in the former, which have already, I believe, had the effect of putting a stop to medical graduation in them, and would, I am persuaded, soon produce the same effect in the others.

Another strange notion is, that the students should not be allowed to use their own judgment, or that of their friends, in the selection of the university classes they have to attend, but that they shall be bound to follow a certain *curriculum*, whatever may have been their previous education, altogether overlooking that if such a *curriculum* should be enforced, it must be complete, and embrace all that is necessary to obtain a degree, without paying any regard to the valuable instruction which, in the preliminary and fundamental branches especially, is often to be acquired from private teachers and other sources of information.

Another object of animadversion has been, the mode of teaching clinical medicine. While it is admitted that, in Edinburgh only, in the British empire, clinical medicine is systematically taught; Dr. Thomson argues, that there should be a separate professor of clinical medicine, who alone should teach it, and should teach nothing else. On the other hand, Dr. Clark, late of Rome, now of London, contends that the clinical teachers should be greatly multiplied, and that the *advanced students should have the treatment of individual patients*, under the superintendence of those teachers. But it is by no means probable that the managers of the Royal Infirmary will ever give their consent to such a plan, or that the philanthropists, who watch over the proceedings of all public institutions in Scotland, will ever permit that the medical treatment of the hospital poor should be committed to students. During this season a considerable improvement, it may be observed, has taken place in the mode of visiting the clinical wards. Two physicians, having different sets of patients in different wards under their care, make their visits at the same time, whereby only one half of the students attends each, but have access to the case books of both, and are required to attend the lectures of both, amounting to four, often five, per week; an advantage, probably, no where else to be found.

The honourable the patrons of the University have instituted, and are carrying on an extensive law-suit against the *Senatus Academicus*, praying that it may be declared that they (the patrons) have the sole right of originating and enforcing all regulations and courses of study for obtaining the various degrees in the University, and that the *Senatus Academicus* have not even a negative voice in the matter, but are bound to carry their dictates into effect. They even went the length of insisting, that a regulation of this kind should have a retrospective operation, with which the *Senatus Academicus* would not comply, and this law suit, which will not terminate until the retrospective period is long past, has been the consequence. Should the patrons succeed, the whole management of the University will be confided to the deacon of the College of Surgeons, who is the only individual of a liberal profession among them, and is at the head of a rival school, at least of surgery, and what is worse, is a functionary necessarily changed every second year, so that each would desire to distinguish his reign by some innovation or interference. It is singular that, by their charter, the Royal College of Physicians of Edinburgh is *interdicted from teaching medicine*, or interfering with the rights of the Universities, whilst no jealousy was entertained of the surgeons, who have since acquired such an ascendency.

Thus, notwithstanding the origin of this commission, and although it ostensibly embraces all the departments of knowledge, there is not a doubt, from the history of its proceedings thus far, that the result of its labours, by whatever biases or influences they may be directed, will tend, as far as medicine is concerned, to withdraw the

public attention from the opposition, which has recently arisen, to the dreadful monopolies which disgrace that profession and destroy the people, and to fix it upon the universities, as if in the discipline of these was to be found the source of all the existing evils. Judging from the nature of the evidence sought, it seems to be the aim to assimilate the best medical universities of Scotland to the worst, and the whole of them to the worst of all possible medical universities—those of Oxford and Cambrige. This is at once a striking specimen of the art of advancing backwards, and beginning at the wrong end. Why are not the worst universities for medical education sought to be assimilated in discipline to those that are admitted to be the best in that department? Here, if we have not the influence of the London College of Physicians, and of the English Universities, actually in operation, we have at least the biases of an education received at these schools. Must it not be obvious to every person of common sense, that, unless the head of a medical student have an infinite capacity for knowledge, the less it is loaded with attainments not necessarily connected with medicine, the more it is likely to imbibe of strictly professional acquirements? The maxim of Hippocrates, "*vita brevis, ars longa,*" is, by this Royal Commission, reversed; and life is considered by them too long to be employed exclusively on the study of physic. Some part of it must, therefore, in mercy be bestowed on philology, philosophy, and other extraneous pursuits. One would think the political economists were here at work, in order, by indirect means, to obviate surplus population.

It is neither from a deficiency in the time of study at the principal Scotch Universities, of medical instruction, or of tests of fitness, that the public health at present suffers any detriment, but from the real organisation of the different branches of the medical profession throughout the British dominions, from monopolies of the most extraordinary and disgraceful kind! This, however, is a cause of evil, which, although palpable, there appears to exist no disposition to investigate, but a great reluctance to admit. The information which is now afloat upon the subject is, happily, too diffused and potent, to allow of its being any longer treated with indifference. The attention of the legislature and the people is imperiously called to its investigation. In the mean time, it is incumbent on the public, in the course of the inquiries that may arise, and the disputes between the universities, as well as those between the different branches of the profession, to watch over their own rights and interests, and more especially to keep a vigilant eye upon the proceedings of the Royal Commission to Scotland. Such tribunals, however intended, almost invariably become of the nature of secret inquisitions, and are, therefore, very much to be distrusted. When it is not the object, it is the general tendency of their measures to smother discussion, to direct inquiry into wrong channels, to misplace power, or to leave all things discretionary, uncertain, and arbitrary; whilst it is only by its agitation among the public, that an important and involved subject can be thoroughly ripened for legislation. I should be exceedingly curious to see the evidence and the reports furnished by this body to his Majesty's ministers, upon the present occasion. They will probably form the basis of some new laws, which, perhaps, some of our fellows have already prepared, but not digested, by anticipation. If we suffer from legislation, God knows, it is not from paucity of enactments.

The Scotch Universities, it is hoped, will entertain a due sense of the indignities which may be heaped upon them, whether by mistake or design, by this foreign tribunal, injudiciously called in, upon this occasion, to settle their civil differences, by one of themselves. It is also incumbent upon the whole medical profession, but more especially upon the graduates of those northern schools, and, most of all, upon the public at large, assiduously to watch its progress, throughout its *reforming* tour, and to guard against whatever may appear to be its machinations. "*Quis custodiat custodes ipsos?*" The press. With a view the more effectually to frustrate any insidious or erroneous designs that may be entertained or contemplated by this body, and to secure an efficient reform of the medical profession, which is the grand desideratum, not that of the universities, persons on the spot are intreated to communicate, through the public press, or private correspondence, with permission to give it publicity, the earliest possible intelligence respecting the proceedings of those Commissioners, in order that, if good, they may be promoted, if bad, opposed. At present, the very aspect of the case, I must say, is calculated to create the most serious apprehensions, if not of sinister designs, at least of disastrous results; disastrous, if they should be found to consist in the maintenance and perpetuation, by indirect means, of those most destructive of all monopolies, which regard the life and health of men, which in decency admit not of direct support, and which even the most profligate would now shrink from openly upholding under their proper designations.

AN ANTI-MONOPOLIST.

London, Feb. 8, 1827.

ROYAL INFIRMARY.

"Clinical Report of the Present Epidemic in Edinburgh for the last Three Months."

History has been described by some ingenious person as "philosophy teaching by example." It were to be wished that this very flattering compliment to Clio was founded in truth, and that the utility of her labours had always justified so elegant a definition of her art. So far, however, as the historic muse has been concerned with epidemics, there is some reason for believing that her records have hitherto turned out as unprofitable to mankind, as her more dignified details of martial exploits. From the former, 'tis true, we learn the symptoms of a particular disease, its treatment, duration, relative mortality, conjectural causes, and the writer's name, just as we are informed in the latter, of the feuds in which the war originated, the general's name who commanded in the strife, and the number of the killed and wounded; but it yet remains to be demonstrated, that the knowledge obtained from the one has mitigated the evils of succeeding pestilence, any more than the perusal of the other has prevented the repeated horrors of war. In this respect the efforts of Lucan and Charles Maclean have been reduced to a sad parity of result; the plague still depopulates as if the one had never prosed, and the scenes of Pharsalia are daily renewed, as if the other had never sung. Nor is this surprising; for the rise of epidemics is so involved in obscurity, so lost amidst the invisible agents of nature, so much beyond the ken of our comprehension, so diversified in their kind, and variable in their occurrence, that it is scarcely to be expected that the information which we derive from the progress of the last, will be available in the next; since, to differ in the circumstances of time, place, and peculiarity, would seem to be the only point in which these visitations agree. Yet every year, in some country or other, makes a new addition to the stock of our unavailing knowledge on this subject, and it has just now fallen to the lot of Edinburgh to afford ample materials for the history of an epidemic, which, in extent and singularity of character, has not perhaps been surpassed by any of its predecessors,—in the uncertainty of its cause, certainly by none.

In vain, indeed, we search for its origin amidst those elements which pathologists have made subservient to the generation of disease. The most genial summer which ever blessed this climate, was followed by an autumn as fine, which, in turn, introduced a winter unusually mild. As long however as our senses retain their present imperfections, it is idle to look on those occasions to the atmosphere—to a shower more, or a shower less—to a few degrees of higher, or a few degrees of lower, temperature. In the next place, the situation of Edinburgh clashes with the supposition of a morbific locality, few cities standing on a more elevated site; and as for ventilation, Mr. Canning, though the usurper of the Eolian sceptre, dare not cross one of its highways without a chin-stay to preserve his diplomatic beaver from the omnipotence of the blast. The gossip of professors, therefore, who attempt to account for every phenomenon about the stagnant air of "Wynds," is a mere gratuitous assumption to amuse their pupils, as the etymology of these lanes plainly shows, their names being obviously derived, and, as Horace has it, only *parce detorta*, from the word "wind," one of the most common attributes of these places at all seasons of the year. The next step in adjusting the etiology of an epidemic is to consider the diet, clothing, and sleeping apartments of those persons whom it attacks; but the only circumstance of this kind which tends to the resolution of the Gordian knot on this occasion is, that some of the poor happened to be unemployed at the time the disease commenced. In this dearth of predisponent causes the agency of contagion was included in the explanation of the difficulty; and certainly the facts connected with this feature of the subject as they occurred in the Royal Infirmary and Queensbury House, were at least very remarkable. Of the clerks and nurses in these establishments about twenty were seized with fever, besides a great number of the students; while, of seventy-two patients admitted into the male wards of the Infirmary under the superintendence of Dr. Home, and from whose cases the following report has been principally compiled, one half were exposed previous to their admission to the supposed influence of contagion; in one-fourth the circumstances were doubtful; and, in the remaining fourth, nothing decisive on the origin of the disease could be ascertained. In the female wards, under the charge of Dr. Duncan, where the cases of fever were still more numerous, the results were nearly similar. The writer, however, has no intention of grappling with such a mass of contradictory evidence, and must only observe on this part of the subject, that the doctrine of contagion is maintained and zealously inculcated by the professors of the school of Edinburgh.

After its causes, the character of the disease itself forms the next topic of consideration. As far as could be ascertained, it

commenced, in most instances, by rigors, pain of the head, flushing of the countenance, acceleration of the pulse, increased temperature, and was fully established between the third and fifth days after accession. The headach, however, seldom indicated any serious affection of the brain, though commonly accompanied by delirium, and in only two cases could it be positively pronounced that phrenitis was present. Coma was also an unfrequent occurrence, three patients only having fallen into this state. In the majority of these cases the chest was affected, the symptoms varying in intensity from catarrh to pneumonia, and in one or two only did the abdominal viscera seem to be engaged. The febrile heat in all was considerable, rising, in some, to a hundred and five and six; and, in one patient, while the temperature was at this height, he complained of a painful sensation of cold. The pulse and respiration frequently doubled their natural standard; but there were many exceptions to the supposed proportion between the frequency of the pulse, and the elevation of temperature in the body; for while the former was as low as seventy-six, the other was as high as one hundred and four. There were but two instances of well-marked petechiæ in the whole seventy-two patients, and these of the rosaceous description; others were said to have been affected with this symptom; but the efflorescence was really produced by the proboscis of some esurient fleas. From these phenomena, it would appear that the present epidemic in Edinburgh may be referred with more propriety to the synochus of Cullen, than to any other of the classified fevers of nosologists.

The treatment of course varied according to the nature of the symptoms, and it would be consequently difficult to embrace it within a sufficiently short space, besides its being foreign to a general view of this kind to note the specific effects of each particular medicine and the order of their exhibition. Bloodletting being now adopted and taught by this school, forms the principal feature in the scale of treatment, and was therefore employed whenever the symptoms indicated its propriety, and without any reference to the stage or time which the disease had existed. Cathartics, generally speaking, were sparingly used, and consisted principally of the vegetable kind and neutral salts, calomel, as formerly, being seldom exhibited in the first instance. Mercury, indeed, would appear to be in some measure in a state of abeyance in the Royal Infirmary, and is seldom spoken of except in conjunction with a sneer at Mr. Abernethy. There are no Abernethys, however, at present in the Royal Infirmary—that's certain. Diaphoretics of the antimonial preparations were extensively administered, without making any very remarkable impressions on the progress of the complaint. The tepid bath, and ablutions of hot water, with acetous acid on some occasions, were repeatedly had recourse to, and if any opinion of their utility could be founded on the sensations of the patients, they may be said to have been at least agreeable adjuvants to other more active remedies. In the local affections, other means for their removal or alleviation were adopted. When the head-ache was slight, it was entirely neglected; but when more severe, the hair was depilated, cold applied, and in the cases of phrenitis, leeches and general bloodletting. For delirium, camphor was preferred, but with what efficacy it is not easy to decide; and in coma, sinapisms and other external stimulants were ordered. In the pectoral disorders which accompanied almost every case of fever, the urgency of the symptoms were also the rule of practice, and the remedies of course varied from the opiate linctus and mucilaginous mixture in catarrah, to the ointment of tartrate of antimony, blisters, leeches, and phlebotomy, in the more aggravated derangements of the pulmonary organs. Independently of thus meeting each symptom by its usual remedy, an attempt was made to test the truth of an hypothesis long entertained by medical men, namely, the possibility of cutting short the duration of fever by certain agents.—With this intention, venesection, cold affusion, emetics, and cathartics, were severally and collectively employed in various cases. The number on whom the experiment was tried is too limited to warrant any general conclusion, but except in one or two patients, in whom the progress of the disease (!) was impeded, it turned out a complete failure. Professing, as this school does to the fullest extent, the doctrine of contagion, there is an obvious inconsistency in the preceding attempt; for, if the contagion of fever bears any analogy to the other contagious exanthems, why endeavour to shorten the term of its existence any more than that of small-pox, measles, scarlatina, which, it is well known, cannot be abbreviated? Yet there is scarcely a day in which the irreconcilable doctrine of contagion and fever cut short is not uttered from the clinical chair. Even Dr. Graham, in his excellent lectures, has fallen into this error, so much at variance with the astuteness and intelligence of this highly accomplished practitioner. Wine and bark, which formed such important items in the management of fevers of former times, were partially administered, their exhibition being chiefly confined to cases of extreme debility and of sloughing of the nates from pressure.

Under the preceding line of practice, when successful, the first indications of recovery were, an improved state of the tongue, restored secretion of the skin, diminished pain of the head, return of sleep, &c., and mostly taking place between the eleventh and fifteenth days of the patient's illness. In very few could the termination of the disease be traced to a critical discharge; in three or four only, the urine having deposited the lateritious sediment; and in one, hæmoptoe was followed by a cessation of all the previous symptoms of fever. The period of convalescence was various, being extremely protracted in five or six cases, in one of which the pulse sunk to forty-four, and in another to forty beats in a minute. The mortality, viewed in the most favourable light, must be considered very great. Of these seventy-two patients, eleven died—a proportion never, perhaps, exceeded in any modern epidemic. In Queensbury House, however, the result was quite different, for, according to Dr. Home, out of 250 patients admitted there in seven weeks, no more than ten died. The filthy, crowded, unventilated wards, and general inaptitude of the Royal Infirmary for the purposes of a fever hospital, may probably help to explain this discrepancy. Out of these eleven fatal cases, three only were examined, the friends of the remainder having refused permission. In these three dissections, and the few others which the writer witnessed, there were no morbid appearances sufficient to account for death, the only deviations from the healthy state of the parts examined, being a slight effusion of serum under the arachnoid tunic, and into the ventricles of the brain, with an ill-defined venous congestion. In this respect he is aware that he differs from the gentlemen by whom the examination was made; but it is really ridiculous to hear morbid anatomists ascribe death to such trifling phenomena, when it is well known that the position of a dead body will produce an apparent congestion of the veins, and that we also know that persons with from half a pint to a pint of fluid in their brains, are seen walking about in cases of chronic hydrocephalus. If it be the effused serum above, which kills in the cases of fever, he cannot exactly comprehend why a few drachms should be fatal in one instance, and a pound be compatible with life in another! The intestines were entirely free from any morbid changes of structure, and in cases of pneumonia, where the symptoms manifested much mischief, little alteration of the lungs could be found on dissection. With regard, therefore, to the seat of the disease, the cephalic fever of Dr. Clutterbuck, and the gastro-enterite of the French, received no corroboration from what has been witnessed as yet in this epidemic. Of its inflammatory nature, the evidences were equally fallacious, the blood which was drawn off being in most instances destitute of the characters which it assumes in diseases of a purely inflammatory description. A contrary opinion is, however, entertained and enforced by the school. From the foregoing account, it would appear that the treatment of fever may be altered without being improved; that fashions in medicine are as evanescent as caprices in dress; and that with our accumulated experience on this subject, the disease is pretty much as fatal in 1827, as when it was combated years ago, single-handed, by Brown, with a box of opium and a bottle of brandy.

P.S. Elizabeth Campbell, whose case of colica pictonum was noticed in the last Number of THE LANCET but one, died a few days after that report was written.

SCOTUS.

Edinburgh, Feb. 10, 1827.

ORGANIC REMAINS.

THERE has been found in Louisiana, near the Mississipi, the skeleton of an animal, the species of which cannot yet be determined. One of the bones of the lower part of the body is seventeen inches in diameter, and the ribs are nine feet long. According to the dimensions of the bones, the animal, when alive, must have been fifty feet long, between twenty and twenty-six feed broad, about twenty feet high, and weighed about 20 tons. This animal must have exceeded in body the mammoth, in the same proportion that the latter exceeded the ordinary mastiff. It is displayed for public curiosity at Columbus (Ohio).—*Charlestown Courier, Dec. 30.*

[America produces strange things, certainly.—ED. L.]

PUERPERAL FEVER.

THIS disease has lately prevailed, and proved very fatal, in the Westminster Lying-in-Hospital; we do not know whether the oleum terebinthinæ, or what treatment was employed.

THE LANCET.

London, Saturday, Feb. 17, 1827.

An Essay on the Use of Chlorurets of Oxide of Sodium and of Lime, as powerful disinfecting Agents; and of the Chloruret of Oxide of Sodium, more especially as a Remedy of considerable efficacy in the Treatment of Hospital Gangrene; Phagedenic, Syphilitic, and ill-conditioned Ulcers; Mortification; and various other Diseases. Dedicated, by permission, to the Right Honourable ROBERT PEEL. By THOMAS ALCOCK, Member of the Royal College of Surgeons; Member of the Medical and Chirurgical Society, &c. &c. 8vo. pp. 148. London, 1827. Burgess and Hill.

EVERY cook-wife in the kingdom has employed the hydro-chloride of the oxide of sodium, so to speak after the somewhat lackadaisical fashion of Mr. Alcock, to keep the elements of her messes and pottages, and "belly-pieces" and legs, together; and a part of the discovery of M. Labarraque, God forbid that we should attempt to depreciate the value of the whole, is, in reality, nothing more than an extension of the good-wife's experience—a curb, derived from the kitchen, in truth, to restrain the erratic disposition which distinguishes the atoms of animal substances. Chloride of sodium (common salt) being an old enemy to putrefaction; soda, which, according to Thenard, is composed of 100 sodium + 35.995 oxygen, combined with chlorine, might, without much stretch of analogy, be supposed to inherit some of the antipathies of its relation, which indeed is what M. Labarraque has proved.* It is certain that culinary salt will answer many of the intentions to be effected by the chloride of soda, and it is very probable that it is a disinfecting agent in a very great degree. We do not pretend to ascribe to it all the properties of the chloride of soda, but we are certain that it possesses a great many of them. For instance, at page 25, Mr. Alcock states, from Labarraque, "that anatomical preparations may be preserved in solutions of the chlorurets," and he might have added, of common salt. *Per sulfate de fer*, too, which Mr. A. calls red sulphate of iron, "preserves animal substances in a very perfect degree," but not a word of the properties of Cheshire salt. Again, page 24, he says, "In macerating preparations of soft parts in hot weather, the greatest care is required to prevent the destruction of the preparation by the putrefactive process;" and, as if a ham had never been pickled since the herd of swine ran into the sea, he tells us, that "by adding a small quantity of the concentrated solution of the chloruret to the water used for maceration, this inconvenience may be prevented!" Once more, and we have

---

* The chloruret of the oxide, &c. &c. of Mr. Alcock, is the *chlorure* and *chloruret* of the French, and the *chloride* of British chemists; but it is not fit that a nomenclature possessing no advantages, save what in the eyes of some its alien derivation may give it, should take precedence of that which Davy (who discovered the simple nature of chlorine, before supposed a compound) adopted. Mr. Alcock apologises for the use of the terms by saying, "that *chloride* is more liable to be confounded with the term *chlorate*, which appertains to a class of salts different in their chemical composition, and not possessing either the bleaching, disinfecting, or the medicinal properties which belong to the chlorurets;" but we cannot go this length with him, for surely there is the same difference between *ide* and *ate* that there is between the *ous* and the *ic*, the *ites* and the *ates* of the Lavoiserian nomenclature. It is certain, however, that Mr. Scott, in his translation of Labarraque's pamphlet, (see LANCET, vol. xi. 175) fell into error, and this the reader is requested to correct, by substituting *chloride* for *chlorate* wherever he may find it in that paper. It was hastily looked over or the error must have been detected and exposed. We shall not adopt Mr. Alcock's seven or eight words, since two or three will do, and in speaking of the bodies he treats on shall therefore call them the *chlorides of soda*, &c.

done with this part of the subject. Mr. Alcock says,—

"Without these precautions, (using the chlorides,) when a body far advanced in putrefaction has been examined, it has been known that the clothes worn by the operator and assistants on the occasion have been rendered useless by the intolerable odour which they have retained; and even after every article of dress has been removed, and repeated ablutions performed, the hands have retained the disgusting odour for many hours in spite of every effort (save that of washing them in a solution of salt) to get rid of it."

The remains of Louis le Desiré, under the tutelar protection of the chlorurets, "were freely approached by his people," while those of "Lord Byron, though eagerly visited, were in a great measure deprived of the interest, by being soldered up in a leaden coffin!" When, as in the course of "*justice*," it may be necessary to exhumate a putrefied body, the chlorides may be used to great advantage, as M. Labarraque, (and his testimony is backed by Orfila,) has clearly shown, in an "authorised statement," of which Mr. Alcock has favoured us with a translation; but he goes beyond Labarraque, and gives what he calls some very "interesting recollections," obtained from Dr. Filkin, (who, it seems, is residing somewhere about Bedford-square, but who was then at Paris,) whence it appears that *Bourcier*, a subject of the King of France (his name, says Mr. Alcock, *though suppressed* by Labarraque, was Bourcier!) "was a married man, and *lived very happily with his wife*," &c.; but latterly he had been much annoyed by the visits of a Greek (Dr. F. thinks he was also a *courier*, but he "is not so clear upon this [material] point as the rest"), "who was very constantly in the shop with his (B.'s) wife!" "This was the source"—but perhaps we had better give the "interesting recollections" as they are, since they must naturally lose by abridgment:—

"This was the source of many quarrels between B. and his spouse. About the end of June 1823, Bourcier was attacked with symptoms of acute inflammation of the stomach, a disease so common at that time in Paris, that the medical attendant never thought of attributing these symptoms to poison. The disease proved fatal, and his medical attendant, as well as the physician of the quarter, must have certified that there was no reason to suppose that the deceased had come by his death from unfair means. On the very day of her husband's death (as was subsequently proved) and on the day of his interment, Bourcier's widow was seen at balls with her Greek lover, and very frequently immediately afterwards. This led the neighbours (who were aware of the quarrels between Bourcier and his wife, as well as the cause of them) to suspect that some unfair means had been used to get rid of him. These suspicions found their way to the police, who ordered the widow and her paramour to be arrested, and the body to be disinterred and examined. The Greek escaped. The widow was afterwards brought to trial; and though the presumptive evidence against her was very strong, yet as there was no proof that she had administered the arsenic, she was acquitted.

"Dr. Filkin adds,—'On the preceding pages [of his note] you have the circumstances which I promised concerning Bourcier. They are drawn out from memory, as I stated them to you the other day in conversation; but I have since ascertained that the widow was acquitted, as mentioned at the close of my account. Previous to my obtaining this piece of information, I had recollected that the paramour was a Greek, and I think also a *courier*, but am not so clear upon this point as the rest'."

The following is the "authorised statement of this remarkable case," and if it be not exaggerated, (it is at least quaintly worded; "it became *possible* to begin the operation," though the infected odour was instantaneously destroyed,) tells much in favour of the chloride of lime:—

"The 1st August, 1823, at the request of the King's Attorney, Professor *Orfila* and Messrs. *Lesueur*, *Gerdy*, and myself, (Hennelle,) met at the cemetery of Père-Lachaise, there to make the examination of the body of the said B***, who died a month since. At half past seven in the morning, the exhumation of the corpse was proceeded with: it exhaled an infectious odour; it remained till half past ten o'clock upon the ground and out of its coffin, the persons who were to prove its identity not having yet arrived. The temperature was from 17 to 18 degrees of the centrigrade thermometer (= about

63° or 64° Fahr.) Then the body was carried to a large and well-aired place, that the examination might be made as conveniently and salubriously as possible. The odour became still more insupportable; the corpse had become swollen in a very manifest degree since it was taken out of the ground; it would therefore be important in a similar case to make the examination as speedily as possible. We began by making aspersions upon the subject with chloruret of lime dissolved in water: this liquor, which had been proposed by M. Labarraque, apothecary, (see the 1st volume of the *Archives*,) produced a marvellous effect: for scarcely had a few aspersions been made, before the infected odour was instantaneously destroyed, and it became possible to begin the operation." (Extract from the 2d volume of the *Archives générales de Médecine*, p. 581, August, 1823.)

The reader may like to know the sequel: white oxide of arsenic was found in the intestines, the principal part in the larger ones; and Mr. Alcock states, as "a remarkable fact, that the parts which contained the most of the white powder, also contained the greatest quantity of yellow mucosities" which we take, to be no remarkable fact at all.

We give the following directions of M. Labarraque, only recommending our readers to try a solution of common salt first, and that failing, to follow him implicitly:—

"Before approaching a corpse in putrefaction, a tub should be procured in which may be put a load of water (24 litres, about 49 pints); pour into this a flagon (half a kilogramme= 1 lb. 1 oz. 10¾ dr. avoirdupoise) of the chloruret of lime, and stir the mixture.

"Dip a sheet in the water contained in the tub, and unfold it so as to be able to withdraw it with facility, and particularly so as to be enabled to extend it very quickly over the corpse.

"To effect this, let two persons open the sheet and place it in the liquid, holding the ends upon the edges of the tub: let this be carried to the side of the body in putrefaction, and at the same instant let the wet sheet be drawn out of the tub and laid over the body.

"Soon afterwards the putrid odour ceases.

"If blood, or any other fluid proceeding from the dead body, have flowed upon the ground, pour upon this liquid one or two glassfuls of the chlorureted water; stir with a broom, and the putrid odour will disappear.

"This operation, however, ought not to be thus performed, whenever the liquids spilled upon the ground may become the subject of a chemical analysis: in this case the greatest quantity possible should be carefully collected; and it is when this has been effected, that the disinfection of the ground should be performed in the manner above mentioned.

"If the infection have spread in the neighbouring places, in the corridors, stairs, &c. the infected places are to be sprinkled with one or two glasses of liquid chloruret of lime, and the fetid odour will cease.

"Care must be taken to moisten frequently with the liquid contained in the tub, the sheet which covers the corpse: the reproduction of the putrid odour will be thus prevented.

"As soon as the body has been removed, the sheet which has served for the disinfection should be washed in large quantities of water, dried and folded."

Of dissecting rooms, after giving some directions, of which any one who will go to the expense needs no information, Mr. Alcock observes:—

"The floor should be washed with chlorureted water, and afterwards with plain water when necessary. With these general precautions, the prevention of putrefaction is not difficult; the aspersion of the solution of chloruret of lime or of soda over the subject each time before beginning to dissect, removing with a sponge all superfluous moisture, and renewing the sprinkling should it be required during the work, will be sufficient to counteract putrefaction, and the odour resulting from it. When the dissection is discontinued, the covering of the subject with a coarse cloth or cloths moistened in the solution of the chloruret, should not be omitted; and the moistening of the cloths should be renewed night and morning. The proportions for this purpose, may be from twenty-five to thirty or even forty parts of water to one of the chloruret.

"Should any liquids proceeding from the body be spilled upon the floor, the place should be sprinkled freely with the chlorureted water, and then be washed copiously with a broom and plain water."

"For ordinary purposes," says Mr. Alcock, "a saturated solution of muriate of soda (common salt,) with a little nitre, may be injected into the arteries without heat; this will considerably retard putrefaction,

but does not preserve the florid appearance of the muscles;" which neither do the chlorides of lime or soda, so that in this respect, at least, they have no advantage over common salt, and we do not see why a solution of the latter may not be sprinkled over bodies, or a cloth dipped in it applied to them, with the same, or nearly the same effects, and more cheaply. Chloruret of soda, to use for once Mr. Alcock's nomenclature, is a "disinfecting agent," and preserves animal substances;—common salt preserves animal substances, but has it been proved that it is not a disinfecting agent? Let the test of experience decide. After the notice which has been given of Mr. Scott's pamphlet, it will not be necessary to follow the author through those sections of his work which are devoted to the use of the chlorides in disinfecting or destroying the noxious smells of hospitals, ships, workshops, stables, privies, reservoirs, sewers, &c., since the directions given at p. 178 of our present volume will, with little variation, be applicable in all cases of this description. The following extracts, however, from the experiments ordered by a commission of health at Marseilles, may serve as further directions:—

"1. Washings and aspersions with the chlorureted water to be made in the wards several times every day.

2. Tubs containing chlorurated water are to be placed in the same wards, so as to keep up a continual evaporation of the chlorurets.

3. The physicians, almoners, servants, and all those who take care of the sick, before approaching them, and in quitting them, to wash their hands with chlorureted water.

4. The same persons to make use of smelling bottles filled with chlorurets, and to moisten the openings of the nostrils therewith.

5. Applications of the chlorureted water to be made to the buboes, the carbuncles, and the gangrenes of persons labouring under the plague.

6. Smelling bottles or sponges imbibed with the chlorurets, are to be frequently brought near to the nostrils of the same patients.

7. Water containing half a drachm or one drachm of the concentrated chloruret of oxide of sodium to each pint, to be given to the patients afflicted with plague as their common drink.

8. The baggage, apparel, &c. of pestiferous patients, and of those suspected to conceal some contagious principle, to be exposed to the evaporation of chlorureted water, which is to be heated to give it greater activity.

9. The apparel which is not likely to be deteriorated by the chlorurets, to be washed in these solutions."

"The strength of the solution of the chloruret of lime for the aspersions, &c., should be one part of chloruret to thirty of water."

Mr. Alcock relates instances, principally on the authority of French writers, in which solutions of these salts have been found useful, but the principle being known, the results, to a certain extent, may be pretty generally predicated; these are cancer, herpes, ulcerations with caries, putrid sore throat, ptyalism, and ulcers of the mouth; ulcers of the throat, small-pox, measles, scarlet fever, ozæna, wounds in dissection, diseased joints, &c. Some of these cases are instructive enough, others rather ridiculous; for instance, what could be gained by employing the chloride of soda in the following, and if nothing, why was it wedged into the book?

"An unfortunate case of gangrene from infiltration of urine, occurred lately at the Westminster Hospital. The patient was an old man, who had for several years had stricture in the urethra, but without urgent symptoms, having continued his work till within a day or two of his coming to the Hospital. He was admitted on a Friday, labouring under complete obstruction of urine. Attempts to pass the catheter did not prove successful. During the night the urethra gave way, and the scrotum became enormously distended with urine. On the Saturday the parts containing the extravasated urine were in a state of mortification, of a dirty brown and greenish hue. The scrotum was freely divided, and a considerable quantity of urine oozed out. The odour was horribly offensive. The unfortunate patient sunk and expired on the Sunday. The chloruret was not used."

In hospital gangrene, phagadenic, syphilitic, and other ulcers, it has been successfully employed by the French surgeons. *Jules Cloquet* has bathed mortified limbs in

the chloride (diluted with ten or fifteen parts of water,) giving the patients 20 or 30 drops of it in a pint of ptisan. Chronic ulcers, scalds, (after poulticing,) cancer, herpes, ulcerations of the mouth, with caries of the bones of the palate, angina gangrenosa, ptyalism, and various other diseases, are reported to have yielded to this wonder-working agent. It has done so much, indeed, that we are afraid it will be of no very extensive use hereafter, except in the itch, or, as a *garde d'amour*, against syphilis and the clap. Not content with outward show and apparent utility, Mr. Alcock tells us that he has employed it "in erysipelas and in some disordered states of the stomach, with beneficial effects; but he considers it of more importance to science and to humanity to direct the attention of his professional brethren to the investigation of its antiseptic properties as an internal (external?) remedy, rather than to dwell upon the very little that is at present known respecting it," which, we are sorry to say, is not the only ridiculous passage in the book. If our emendation of the sentence be correct, there is a great deal known about it; much more, we apprehend, than is true; and if it be not correct, there is little of "science or humanity" in directing people's attention to a manifest absurdity; for internally there can be no need of "antiseptic" remedies, since there are no septic conditions to combat. We should have thought Mr. Alcock, a practical man, undoubtedly, might have found better employment than in making a volume of the ephemeral archives of the French; although such a work might have done him credit twenty years ago, we are afraid it will do him little now. Where so much is founded in report and hearsay, some things, at least, may be false; and with such subjects, a man of Mr. Alcock's standing should not have dealt. The public expect better things of him.

When legislative enactments are suddenly adopted, they seldom prove satisfactory to the persons whom they immediately affect, or beneficial to the public whose interests they profess to protect. The senate should be governed in its decisions by the most extended principles of public utility, and it should reject with indignation the solicitations of persons who assemble in "Holes and Corners" to project and arrange their nefarious measures. It is to be regretted that any act should ever receive the sanction of Parliament, until its provisions have received the vigorous scrutiny of the press, and until it have received, as far as it can be ascertained, the sanction of the intellectual portion of the community. Were such a course as this pursued, we feel firmly persuaded that nine-tenths of the Acts and Charters which now disgrace our Statute Books, and inflict misery upon the people, would never have been recorded there; and, generally speaking, the mischievous tendency of these instruments is in exact proportion to the secresy with which they were framed out of Parliament, and to the disgraceful manner in which they were hurried through that "deliberative assembly." Whatever reproaches can be cast by their opponents upon the Surgical Reformers, it certainly cannot be said that they have endeavoured to conceal their proceedings from the eye of the public. The Meetings at the Freemasons' Tavern were public; even the doors of the Committee Room were, and are, open to the public; the resolutions they adopted at the General Meetings, and the proceedings of the Committee, have been submitted to public examination and approval; and even their Petition to the House of Commons has been published. Such has been the conduct of the Surgeons of London, whose example has been followed both at Winchester and Bristol, and we receive accounts almost daily of the incipient labours of their brethren in most of the large towns

of England. The publicity they everywhere seek, is calculated to produce on the minds of the enlightened portion of the legislature, a most powerful impression of the honourable nature of their claim to the interference of Parliament; and the repeated discussions to which the subject has been submitted, have been equally calculated to rouse the Members of our profession from the senseless lethargy into which they have for so many years been plunged, and to stimulate them to the performance of a duty they owe to themselves, to their brethren, and to their country. As we have before stated, it is always desirable that public opinion should *precede*, and not *follow* acts of parliament; in which case, so many of these enactments would not be viewed with that disgust they now so richly deserve. The claims of the Members of the medical profession to the protection of the Legislature, are undeniable; not so much on account of their own merits, which, from the government pursued by the College, are, we fear, rather of a doubtful nature; but, on account of the benefits which they are capable of rendering to society, when they are adequately qualified to practice. It is impossible that the non-professional man can form the most distant idea of the quantum of human suffering relieved and prevented by the aggregate efforts of medical practitioners; and equally impossible is it for him to conceive how much this blessing might be increased, if those practitioners were under the control of a local government, which had the integrity and talent to promote the cultivation of medical and surgical knowledge. So numerous and striking are the facts now before the world, and the inductions so self-evident, that it is admitted in every quarter that a reformation in medical legislation is imperiously called for; and what is more extraordinary, there appears to be no difference of opinion as to the NATURE of the required alteration; every meeting that we have heard of having unanimously resolved to support the prayer of the London Petition, for a Committee of Inquiry with a view to obtain a NEW CHARTER, in which it may be provided that the Members at large shall *annually elect* the Council,—a privilege possessed by the Members both of the Dublin and Edinburgh Colleges; we are not, therefore, asking for that which is unprecedented, and nothing we hope which the Legislature will deem unreasonable. We will here insert the excellent Resolutions agreed to at Bristol; and, from the appropriate and spirited manner in which they are worded, we feel confident they will be hailed with satisfaction in every part of the country. The petition is to be presented by the Members for the city, Mr. BRIGHT and Mr. HART DAVIS, two gentlemen of weight and talent, and who, particularly the former, take an active part in the proceedings of the House.

"*At a Meeting of the Members of the Royal College of Surgeons in London, held at Reeve's Hotel, Bristol, 1st Feb.* 1827,

HENRY DANIEL, Esq. in the Chair;

It was Resolved,—

1. That the Members of the Royal College of Surgeons in London, have much reason to complain of the conduct of the Council, or governing body of the College.

2. That the said Council, not being elected by the Members at large, and not being in any way responsible to them for their conduct, but being by their present charter empowered to frame by-laws and regulations, and to fill up the vacancies in their court without the consent of the Members, cannot be deemed the representatives of the body at large, and hence may be expected to consider in their deliberations, much less the interest of the community than their own individual advantage.

3. That some of the regulations which have issued from the Council, demonstrate but too plainly that their own interest and advantage have been their paramount objects of consideration; thus they have, to the uttermost of their power, restricted the student in the acquisition of professional knowledge for the purpose of his examination at the College, to those sources only which afford to the constituents of their

body direct emolument, viz. the Anatomical and Surgical Schools with which they are chiefly connected.

4. That the improvement and advantage of the Members, and the dispersion among them of professional knowledge, has not been duly regarded by the Council, appears from the following facts:—

1st, That the invaluable Museum of the late Mr. John Hunter, so liberally purchased and presented by Government to the College, for the purpose of assisting in the progress of Anatomy and Surgery, is of less benefit to the Members than it might be if more liberally thrown open to them; and though this Museum has been in the possession of the College upwards of twenty years, no catalogue of its contents has yet been published.

2nd, That the Library of the College is entirely closed to the Members; there is neither librarian nor catalogue of the books.

5. That though there are very considerable funds belonging to the College, no account of their appropriation has hitherto been furnished to the Members.

6. That though the Hospitals of London, Dublin, Edinburgh, Glasgow and Aberdeen only are recognized by the Council as Schools of Surgery, yet that many of the larger provincial hospitals may be considered as justly entitled to the same privilege; the Bristol Hospitals in particular, from the number of their patients, paucity of the pupils attending them, and the acknowledged reputation of their surgeons, present to the surgical student advantages equal to any, and superior to many of the favoured hospitals, for the purposes of education; it is therefore a manifest injustice that the Council should, before admitting a student to examination, exact that his attendance on the practice of such hospitals be double the term required at one of the more favoured schools, and still further, that they should impose on the student the necessity of *previously* attending two courses of lectures on anatomy, and two of dissections, at one of the recognized schools in London, Dublin, Edinburgh, Glasgow or Aberdeen; an imposition which renders their concession in favour of provincial hospitals almost nugatory.

7. That these grievances call loudly for redress, and that it is incumbent on the Members of the College, dispersed over the country, to co-operate with their brethren in London in endeavouring to obtain from Parliament a Committee of Inquiry into the abuses complained of, and such alteration or amendment of the existing charter, as may secure to the Members their just privileges, and exemption from the grievances to which they have hitherto been subjected.

8. That a Petition from the Members of the College in this city and its vicinity be immediately prepared and presented to the House of Commons, supporting the prayer of the London Petition, and particularly enforcing the claim of the provincial hospitals to be placed on the same footing as the hospitals in London, Dublin, Edinburgh, Glasgow, and Aberdeen, with regard to qualifying the candidate for his examination at the College of Surgeons.

9. That our respected Members, Richard Hart Davis and Henry Bright, Esquires, be requested to present the same, and support the prayer of it to the uttermost of their ability.

10. That a Committee be appointed to frame a Petition, founded on the foregoing resolutions.'

"At an adjourned Meeting of the Members of the College of Surgeons in London, held at Reeve's Hotel, Bristol, the 8th Feb. 1827, *it was Resolved*, That the Petition presented and now read, be adopted and signed by the Members present, and by such other Members as may be pleased to add their signatures.

The Chairman having left the chair, the thanks of the meeting were voted to him for his able and impartial conduct."

We beg to direct the particular attention of the reader to the extract from Mr. Lawrence's admirable Introductory Lecture, inserted at page 629 of this day's Lancet. We have selected only that portion of the discourse which treats of Medical Education, and of the distinction between *pure* medicine and *pure* surgery, because these subjects at the present moment are engrossing much of the consideration of the medical world. It is impossible that the foolish and arbitrary distinction attempted to be drawn between surgery and medicine, can be more happily or more effectually exposed, than in the brilliant effort of Mr. Lawrence. As we are anxious not to lessen the powerful and beneficial impression this Lecture is so well calculated to produce, we shall not add any further comment of our own: especially as in seizing the gauntlet thrown down by the College of Physicians to the Surgeons of the United Kingdom, we shall repeatedly have occasion to resume the subject.

At the Anniversary Dinner of the Gentlemen educated at Guy's Hospital, held on Thursday se'nnight, we understand that there occurred a most disgraceful scene of riot and confusion. As these annual dinners are commonly characterised by a nauseating sameness, and as they are usually barren of interest, except to the parties immediately concerned, we did not deem it of sufficient importance to request the attendance of a Reporter; and not having seen any individual who was present, we have only been enabled to obtain an account of the circumstances through indirect channels. It is said, that about one hundred Gentlemen were present. Dr. Bright in the Chair. After the usual toasts had been drunk, the Royal College of Surgeons was announced, when one of the party put some silly questions to the President, and after much confusion, the speaker insulted the Gentlemen who surrounded the Chair, by applying to them a degrading personal epithet, upon which the whole party demanded his expulsion, and he either left of his own accord, or was forced out of the room; when harmony was completely restored, and the festivities were maintained to a late hour. Such interruptions as the one we have above described, merit the severest reprobation, and their authors richly deserve the punishment and disgrace that were so summarily inflicted in this instance. Had it been a *public dinner* of the Members of the College, the Chairman, on giving such a toast, ought not to have received any interruption on its announcement, and those who disapproved had merely to retain their seats and invert their glasses, that is, if they deemed such a course necessary as a mark of their disapprobation of the conduct of the Council; but the Dinner in question was a *private* dinner, composed of persons educated at Guy's Hospital; consequently the interruption was doubly improper and indecent. Besides, the toast of the College must be regarded by the Gentlemen of Guy's Hospital, as the toast "Sir Astley Cooper," towards whom, from the invariable urbanity of his conduct; from his unwearied attentions to the sick; from his eagerness at all times to impart professional knowledge; from his opposition to the "Hole and Corner" Surgeons of St. Thomas's, when they endeavoured to suppress the publication of reports of cases from the Borough Hospitals; and from his unrivalled talents as a surgeon, they must entertain sentiments of the most affectionate regard and admiration. In connexion with the name of such a man, they would eagerly swallow the Council of the College, and even old Pluto and all his satellites.

ACCOUCHMENT EXTRAORDINARY.

On the first instant, at 72, St. Paul's Church Yard, to the infinite delight of Roderick, Mr. John Souter was safely delivered of a "non-descript yellow substance," vulgarly called the Yellow Journal.

Although Ogilvie—Joe Burns—Boyle—Cockney Mayo—Todd Thomson—Bandager Jeffreys—Junior Joe, and Brute-Thunder Brodie were present, it was scarcely possible to keep the monster-bantling alive.

Though, in the opinion of these nurses, the Yellow Thing still exhibits a few symptoms of life, they daily become more feeble; and stupid as the attendants are, they do not believe that its existence can be much protracted. The best practitioners consider the case hopeless.

We have received several contradictory accounts of the day on which Mr. Rose performed his operation, consequently we do not consider that it would be treating either him or the reader fairly if we were to publish any comments on this part of the subject in the present state of our information.

CRUIKSHANKIAN ORATION.

Thursday being the day appointed for the delivery of the oration in commemoration of that distinguished ornament of our profession, John Hunter, the *front doors* of the Royal College of Surgeons were thrown open, for the admission of Members, at three o'clock. Mr. Thomas was the orator. We doubt whether this gentleman succeeded in amusing or gratifying the small portion of the assembly who *heard* him, but he certainly had the merit of surprising them; for instead of a panegyric on John Hunter, he favoured them with a minute account of the life, professional studies, and post mortem examination of his (the orator's) father-in-law, the late Mr. Cruikshank. We shall return to the subject of the oration next week, when we shall also give our readers a description of the alterations made in the Theatre, premising only, that whatever has been done by the Council, has evidently been done under the influence of *fear*, and not from any desire of affording accommodation, or manifesting respect to the Members of the College. Fortunately for the credit of the profession, no visitors of distinction were present at the delivery of the Cruikshankian oration; we say fortunately for the credit of the profession, for we blushed in common with all who heard Mr. Thomas's *twaddle*, at this signal display of imbecility.

The Pupils of Bartholomew's and Middlesex Hospitals loudly complain that the ordinary operations are not announced, and that they are not summoned when any accident requiring immediate operation is admitted; thus they suffer great injustice.—To the pupils of the Middlesex we can suggest no remedy; but we advise the Bartholmites to make a formal application to Mr. Lawrence.

DR. BARRY'S LECTURES.

Dr. Barry, in his last Lecture on the passage of the blood through the heart, made some novel and interesting remarks connected with the pathology of this organ. He enumerated some experiments which he had made on the living animal, particularly the horse, by which he ascertained that the appendix only, (and not the whole auricle, as hitherto supposed,) contracts, and is dilated alternately with the ventricles. That portion of either auricle, termed by Haller the *sinus venosus*, being in progressive dilatation during inspiration, and of contraction during expiration. Dr. Barry further stated, that when the stethoscope is applied to the region of the heart, the first sound heard is produced by the *expansion* of the *appendices*, and not by the contraction of the ventricles. This is the sound that is synchronous, or nearly so, with the pulse. The second sound, he stated, is caused by the dilatation of the ventricles, and not, as hitherto supposed, by the contraction of the auricles.

When the power of the ventricles is increased by their parietes being in a state of hypertrophy; the locomotion and impulse of the heart are great, but the sounds inconsiderable. When the walls of the ventricles are thin and dilated, the sounds heard through the stethoscope are loud; the locomotion and impulse little or none. When apoplexy is threatened, or takes place in people whose hearts are in a state of hypertrophy, the arteries within the head are distended, and bleeding profusely will favour their return to a smaller calibre. But when apoplexy takes place, accompanied by a thin, dilated, or softened left ventricle, the arteries, from the want of a sufficient distending power, collapse, and the veins within the cranium become proportionably dilated. For as the head must be filled with something, when the heart is not able to keep the arteries in a state of sufficient distention, the veins must enlarge to make up the difference. Small bleedings, in such cases, will favour the contraction of the heart, but profuse bleedings will most probably produce the rupture of a vein within the head, by favouring the still further collapse of the arteries, and, therefore, the dilatation of the veins. Hence it is, observed the Lecturer, that we hear of so many cases of apoplexy terminating fatally immediately after large bleedings, and in which blood has been found recently effused from a ruptured vein within the cranium.

The experiments of Dr. Kellie, of Glasgow, illustrate this view of the fatal effects of inconsiderate bleeding, in all cases indifferently, of apoplexy.

HOSPITAL REPORTS.

WINCHESTER COUNTY HOSPITAL.

THE EXTRACTION OF A CALCULUS FROM THE FEMALE BLADDER BY DILATATION.

A. P., ætat. 29, unmarried, was admitted under the care of Mr. Henry Lyford, with symptoms of calculus in the bladder. She gave the following history of her complaint:—Twelve years since, she was attacked with a most excruciating pain in her back and loins, which continued for many days, and then gradually subsided. These paroxysms frequently returned, and she observed they always ceased on the appearance of a deposit of red gravel in her urine. In the month of March, she had a retention of urine, and in an effort of straining to relieve herself, she passed a small stone, the size of a pea, and at the expiration of the three subsequent months, she had, after similar attacks, discharged twenty four calculi of various sizes. The symptoms which she now more particularly complains of, are great numbness down the thighs. Micturition attended with excessive pain and difficulty. Sense of weight in the bladder, increased very considerably in the recumbent posture, so much so as to deprive her entirely of rest. Tenesmus; a slight discharge from the urethra. Ordered ol. ricini. ʒvj., to be taken directly. Tepid hip-bath at bed time, and a suppository of gum opii. gr. i. ext. hyoscyam. gr. iij. to be used on coming from the bath.

Dec. 23. The violence of the symptoms mitigated, but complains much of the urethral discharge. Ordered liq. potassæ, gtt. xxv., tinct. opii. gtt. iv.; ter die sumend.

27. The discharge greatly diminished. The patient sounded, and a calculus, apparently of some magnitude, discovered.

29. The bowels being cleared by a purgative enema, she submitted to the dilatation of the urethra, which was accomplished in the following manner: being placed in the recumbent posture, with the buttocks raised and brought close to the edge of the bed, the shoulders depressed, and the legs separated and bent on the body, the labia were separated, and a male sound introduced; the calculus was immediately detected on the left side of the bladder. The sound was then withdrawn, and the point of the dilator (having been previously oiled) insinuated into the meatus. The handle of the instrument being much depressed, it was gradually pushed onwards throughout the whole course of the urethra; the dilatation was then commenced in a direction from the pubes to the sacrum, which was accomplished most completely in the space of five minutes without the least difficulty, and without much pain to the patient; the urine escaped in quantities as the urethra dilated. The dilator was now withdrawn, and a pair of forceps introduced, by which the stone was grasped in a favourable position, and extracted gradually and without force. The patient was removed into bed, the bowels fomented with poppy fomentation, and she was ordered to take tinct. opii. gtt. xxx. mist. camph. ʒ x. The stone was of the lithic acid species; it weighed 8 drachms and a half; its length two inches; and its breadth one inch and a quarter.

Six o'clock, p.m. Has been in a great deal of pain, attended with rigors. No urine has passed. On examining the meatus, it was found completely plugged by a large coagulum, which was removed; a catheter introduced, and a pint and a half of bloody urine drawn off, which afforded much relief. The catheter was allowed to remain in the urethra during the whole of the night, and she was ordered to take ʒvj. of ol. ricini in the morning.

Second day. Has passed a comfortable night, and free from pain; the urine has escaped copiously through the catheter; no febrile symptom; the catheter withdrawn.

Third day. Quite comfortable; entirely free from pain; has entire control over the functions of the bladder: the urine slightly tinged with blood; the bowels have been copiously relieved.

Seventh day. Has been out of bed during the whole of the day, and walked across the ward without experiencing any uneasiness whatever.

Tenth day. Patient convalescent.

Mr. Lyford observed, that it is necessary in the performance of this operation, to introduce the dilator completely throughout the whole course of the urethra, previously to commencing any dilatation whatever; and that if this precaution were not attended to, the canal might be ruptured from a partial distention; and that the instrument might frequently slip from the meatus, causing much unnecessary pain to the patient, and inconvenience to the operator.

HOSPITAL OF SURGERY,

Panton Square, St. James's.

NÆVUS MATERNUS.

In a paper on *nævus*, which Mr. Wardrop published in the ninth volume of the Medical and Chirurgical Transactions, he observes that a "process of *ulceration* sometimes commences in the skin, a greater or less portion of which, as well as of the tumour itself, ulcerates and sloughs away. This ulcerated surface is finally cicatrised, and although the edges of the original tumour may still remain, yet the progress of the disease seems arrested, and it undergoes no alteration in future life."

"Instead of removing nævi with the knife, I have, in a few cases, imitated the spontaneous ulcerative process above mentioned, and I was first led to adopt this practice from having observed the effect of a strong solution of corrosive sublimate, which was applied to a nævus on a child's back. In this instance the skin ulcerated, and the ulcer spread rapidly, destroying not only the integuments, but the substance of the tumour. In cases where the knife cannot be used with safety, this mode of treatment might be advantageously employed, and it may be in some cases preferred, even where the extirpation of the tumour is practicable."

The following two cases afford satisfactory proofs of Mr. Wardrop's method of treating this tumour:

Case 1. M. D., æt. 13 months. In the middle of the frontal region there is a small nævus, not exceeding the size of a sixpence, the central portion of which is of a bright red colour, to which run several small tortuous red vessels from the circumference.

Treatment.—A piece of adhesive plaster, of sufficient size to cover the diseased part, a small hole being made in its centre, was applied upon the tumour, the small portion of which, thus exposed by the hole in the plaster, was rubbed with the *kali purum*, sufficient to produce an eschar. The eschar separated, and was followed by ulceration, which destroyed the whole of the diseased part. In three weeks the sore cicatrised, no varicose vessels being perceptible round its edge.

Case 2. A child, about a twelvemonth old, presented itself at the Hospital with a nævus on the cheek, of about the same size as that described in the former case. The *kali purum* was applied, as in that instance, with the same happy effect, the ulceration which followed the separation of the eschar extending until the whole diseased mass was destroyed; after which, complete cicatrisation took place, no vestige of the nævus being visible.

The operation on the case of cancer of the lip, mentioned in the last report, has been performed. It was done by Mr. Wardrop in the usual manner, by including the diseased portion between two linear incisions, meeting at an angle, in the form of a V, and they were made so as to include a greater portion of lip than what could be marked as the extent of the disease. The edges of the wound were kept in contact by one pin inserted close to the red edge of the lip, whilst the lower part was drawn together by one common suture.

A case of polypus of the nose, a case of cataract, and two cases of fistula lachrymalis, have also been the subjects of operations within the last two or three days.

ST. BARTHOLOMEW'S HOSPITAL.

CASE OF CONGENITAL CLEFT PALATE.

The subject of the above malformation is a man named William Evans, æt. 24, who was admitted into the Hospital, January 27th, with iritis of the left eye. From the difficulty he experienced in articulating—taken in connexion with the state of the eye, it was presumed, *a priori*, that the syphilitic virus had made considerable ravages in his throat. Upon examination, however, no traces, either of present or past ulceration, could be discovered; but in lieu thereof, "a tremendous gap," as Mr. Abernethy would say, was seen extending completely through the palate backwards, as far as the isthmus faucium, a congenital deformity. On either side of the cleft, at the termination of the soft palate, a small portion of the uvula can be seen. The diameter of the fissure cannot be less than three quarters of an inch at its posterior part, and about half an inch at its anterior part, its depth about one-third of an inch. The man is capable of retaining his saliva, can masticate and swallow solid food tolerably well, but liquids return by the nose, unless *slowly* taken. At the age of twelve he underwent the operation for hare-lip, which proved successful. Mr. Lawrence, in remarking upon the case, observed, that it was an unfrequent occurrence for the cleft in the palate to continue without any marginal approximation, after the successful performance of the just mentioned operation at an *early age*—surgeons generally relying on it, as remedial for both deformities. In

proof of this assertion, he said he had performed the operation on a child of a tender age, in whom there was a considerable cleft in the palate at the same time; that some months afterwards he had seen the child, and that the cleft had diminished in a very considerable degree.

Mr. Lawrence thought that the furrow existed in the bony palate, and possibly, that the bones were wanting; which observation seems to be strengthened by the fact, that there was a considerable interspace (overlooked, we think, in the first examination,) in front of the upper jaw, between the incisior teeth.

"SOUND CHIRURGICAL KNOWLEDGE."

Bought and sold for 22l. in Lincoln's Inn Fields.

A few days since, a poor woman presented herself at the Hospital, with a dislocation of the head of the os humeri into the axilla. The nature of the case was so striking and manifest, that any one could detect it by a *side* glance. She stated that the accident was of three months standing; that it resulted from a fall in Fleet Market; that upon the receipt of the injury, she was immediately taken to a surgeon in the neighbourhood, who on examining the arm reported it to be a mere bruise, and gave her a lotion for *the part affected*. From her disability to use the arm, upon which her livelihood depended, and the pain and uneasiness continuing unabated, notwithstanding the assiduous use of the surgeon's *lotion*; she thought herself justified in applying to another illustrious member of the same surgery-selling establishment. This professor of "sound chirurgical," considered it to be a weakness in the part; and consequently, completely cemented the shoulder, with a *corroborant plaster*. In this state she came to the Hospital. The muscles of the shoulder appeared wasted, and the limb but of little use. Flexion and extension of the fore-arm tolerably good; which however has not been the case until within the last few days. The head of the humerus having contracted adhesions, and formed a new capsule, its motions are too limited for any useful purpose. Messrs. Stanley, Earle, and Lloyd, held a consultation, and considering the age of the patient, (65,) and the danger of tearing asunder the newly-formed adhesions, resolved that no attempt at reduction would be prudent, and that she had better

"——— bear the ills she had
Than fly to others which she knew not of."

A NEW ELECTRICAL DISCOVERY BY MR. EARLE.

We cannot sufficiently express our satisfaction at being the organ of exclusive communication of a novel and brilliant mechanical discovery of Mr. Earle; our gratification is not the less unalloyed by an anticipation of the extreme chagrin and mortification *Roderick* of the Yellow will experience on a perusal of the following "doings" of his staunch contributor. The case has been extracted from our note book earlier than usual, from the idea, that as spring is rapidly approaching, and all the *world about to physic*, it is highly necessary to know that a morning walk to Mr. Beaume the electrician, is now discovered to be a very genteel and speedy mode of gaining that end, and at the same time of keeping the stomach and mucous membranes intact from their vulgar noisy griping acquaintances, senna and salts. In anticipation of the future fame and gratitude attached to Mr. Beaume's galvanic efforts, we may suggest de Vie as not an inappropriate addition to his already respected name. Beaume de Vie, alias Compound Decoction of Aloes. Such appendage would proclaim at once his calling, and the world's gratitude.

Mr. Earle has had under his care, for a considerable time, a child affected with amaurosis. Its bowels have been constipated; their secretions of a very offensive character; and the biliary secretions, as might be expected, of an unhealthy appearance. The disease of the eyes has been regarded as sympathetic, and the grand source of mischief referred to the hepatic organs. Accordingly, mercury has been the grand anchor of hope; calomel, with its irritating step-sister, scammony, has been prescribed without any regard to frequency or quantity. Mr. Earle, at each successive visit, has expressed surprise at *finding no amendment in the biliary secretions*, after the employment of such active medicines. The sovereign remedy was ordered to be followed up with greater vigour, until a healthy action could be induced. But the child's liver was incorrigible, and not to be bullied even by such powerful means. Despairing of success from their further use, the idea of electricity flashed upon his recollection; and forthwith, the liver was electrified. It has been so again and again, but without the wished-for change. If Mr. Earle had himself possessed a little more of the "electrical devil," he would soon have discovered that the continuance of the hepatic derangement was more attributable to the negligence of the dresser, than to the obstinacy of the organ in question. The medicines prescribed, from the commencement were

neglected being written for by the dresser, and the child TOOK ABSOLUTELY NOTHING. If Mr. Earle had electrified the *brain of his dresser*, he would have exhibited himself more favourably as a shrewd and attentive Hospital surgeon.

OPERATIONS.

Mr. Vincent on Saturday removed from a man, a portion of what is commonly called "cancerous lip;" the section of the excised part gave no indications of a carcinomatous structure.

Mr. Earle operated on a man who had permanent stricture of the bulbous part of the urethra; immediately posterior to which, through a fistulous opening, the greater part of the urine was discharged. A staff being passed down to the strictured part, an incision, about an inch in length, was made, directed towards its point. After the division of the stricture, a bougie without much difficulty was passed into the bladder. After its withdrawal, an ineffectual attempt was made for some time to introduce a flexible catheter. The failure was attributed to the flimsiness of the stilet. An ordinary silver catheter was substituted but attended, with a like result. Eventually a common wax bougie was passed through the urethra, the point presenting at the wound in the perineum, to maintain pervious the upper orifice of the divided stricture; the lower one it was presumed would be kept open by the urinal discharge. In the course of a day or two an attempt was again to be made to introduce a flexible catheter, to remain in the bladder, that granulations might form over it.

NOTICES TO CORRESPONDENTS.

If Mr. ROSE (or any friend of his) who applied in the month of December last to the magistrates of the Bow-street Office, for a summons against a Mr. PRITCHARD, to whom he alleged he had paid a sum of money for a Medical Practice in a midland county, would leave his address at THE LANCET Office, or send a line saying where a communication would reach him, we should feel particularly obliged; the earlier this is done, the greater would be the obligation.

We were not at the Guy's Dinner, as "R. X." will perceive from a previous notice; we know nothing of the person to whom he alludes.

The correspondence with the Editors of the Edinburgh Medical Journals is under consideration.

The Proprietor of the Suppuration Ointment is informed, that his cases, are Advertisements; if he will send us the receipt, we will publish it, but we never *puff* secret remedies.

Many thanks to our esteemed friend the Author of the Tracts on Medical Legislation; he will perceive that we do not forget him.

The complaints of a "FRIEND" respecting occasional errors in orthography, are not in some respects devoid of foundation. If he were acquainted with the nature of the evil to be overcome, his excellent judgment would furnish many excuses for that which now appears to be the effect of negligence. As to the *cover*, we take no part in its management, and never see it until the Number is published—this department rests entirely with the Printer.

Thanks to our friend of Walbrook, for his hint of the DIOGENIAD; but we fear it would be unintelligible to the million.

We are indebted to a "GENERAL PRACTITIONER" for a little paper on the excision of the teeth, which shall be inserted.

"AN UNDERGRADUATE OF CAMBRIDGE" may rely on our giving the work he mentions an impartial notice. If the interests of medical literature, and the security of the public demand a severe criticism, we hope it will be dictated by an unalloyed sense of justice.

A note of the operation mentioned by "ONE OF THE PUPILS OF THE MIDDLESEX," would be acceptable, and the abuse of which he complains shall not be forgotten.

Although the affairs of a Bankrupt Horse-dealer and the 10 per cent. business, are not strictly calculated for the pages of THE LANCET, yet as they are connected with the office of a public functionary, and the government of an Institution in which we take a deep interest, it is possible that the communication of "VINDEX" may be inserted.

Several CHEMISTS inform us, that they now sell very little of the hydrocyanic acid.

The communication of Mr. LAWRENCE HILL on the infusion of Ergot, shall be inserted.

We very much regret that we cannot render "T. P." a satisfactory reply. Would an Advertisement serve him? If so, it shall be inserted free of expense.

The Communications of a VETERINARY STUDENT—AN OLD PRACTITIONER—A PUPIL—JOHN SMITH—A PUPIL OF ST. BARTHOLOMEW'S—R. Z.—ONE OF THE DINNER PARTY—A TYRO READINGENSIS—are under consideration.

We are keeping a sharp look out after the "Building Committee" of St. George's Hospital as well as the surgical operators, and we caution the *Mahogany Doctor of Piccadilly*, not to attempt to squeeze his architectural friend too forcibly down the mouths of the Committee, as some of them are rather *dyspeptic*.

JEMMY COPLAND says that we cannot *decline* a noun; at all events we have *declined his articles*.

The letter of Dr. ELLIOTSON, in reply to Dr. GRANVILLE, in our next.

The following WORKS *have been received.*

1. Remarks on the Merits and present State of Vaccination, wherein the Objections of the Antivaccinists are considered. By ROBERT LEWINS, M. D., &c. Post 8vo. pp. 80. Constable and Co. Edinburgh; and Hurst, Robinson, and Co., London. 1825.

2. A Letter on the Medical Employment of White Mustard Seed. By a Member of the London College of Surgeons. 8vo. pp. 32. Carpenter. 1826.

3. Observations on Medical Reform; Illustrating the present Condition of Medical Science, Education and Practice, throughout Great Britain and Ireland, and proposing such alterations therein, as appear most likely to succeed in remedying the several evils which abound in this profession, and which have at length become subjects of universal complaint. 8vo. pp. 105. Keene, Dublin; and Longman and Co., London. 1807.

4. The Introductory Lecture of a Course upon State Medicine, delivered in Mr. Grainger's Theatre, Southwark, on Thursday, Nov. 1. By JOHN ELLIOTSON, M. D. &c. 8vo. pp. 35. London, 1821. Longman and Co.

5. An Essay on the Medicinal Efficacy and Employment of the Bath Waters, illustrated by Remarks on the Physiology and Pathology of the Animal Frame, with reference to the Treatment of Gout, Rheumatism, Palsy, and Eruptive Diseases. By EDWARD BARLOW, M. D. Graduate of the University of Edinburgh, M. R. S. I., one of the Physicians of the Bath Hospital, and of the Bath City Infirmary and Dispensary; and Physician of the Charitable Society for the relief of Lying-in Women. 8vo. pp. 200. Longman and Co., London, and Constable and Co., Edinburgh. 1822.

6. Numerous Cases illustrative of the Efficacy of the Hydrocyanic or Prussic Acid in Affections of the Stomach; with a Report upon its powers in Pectoral and other Diseases, in which it has been already recommended; and some facts respecting the necessity of varying the Doses of Medicines according to circumstances; and the use of Opium in Diabetes. By JOHN ELLIOTSON, M.D. &c. 8vo. pp. 107 Longman and Co., London; Hodges and M'Arthur, Dublin; and Black, Edinburgh. 1820.

7. On the Treatment of the more Protracted Cases of Indigestion. By A. P. W. PHILIP, M.D., F.R.S. L. & E., being an Appendix to his Treatise on Indigestion. 8vo. pp. 86. Underwoods. 1827.

8. Medical Botany, or Illustrations and Descriptions of the Medicinal Plants of the London, Edinburgh, and Dublin Pharmacopœias, with those lately introduced into Medical Practice. Part II. By JOHN STEPHENSON, M.D., of the University of Edinburgh, and JAMES MORSS CHURCHILL, Esq. Surgeon, Fellow of the Medico-Botanical Society of London. Royal 8vo. J. Churchill, Leicester-square, London; Cafrae and Son, Edinburgh; Hodges and M'Arthur, Dublin, 1827.

ERRATA.

In our last number, at page 602, 2d column, 1st line from the top, for "*carotid*," read "*parotid*;" page 608, 2d column, 23d line from top, for "the obliteration of the ovum appeared," read, "and was then obliterated, and lastly disappeared;" line 26th from the bottom, for "nasual," read "anal;" line 20th from the bottom, between "diameter" and "formed," omit "it."